

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

PERSONNEL
(Manual Section)

WORKPLACE VIOLENCE
(Subject)

Approval of Policy

Dated:

Original Policy Inception:
Last Revision of Policy Approved:

November 22, 2006

_____ *[signed by Nena Sork]*

November 8, 2021

•1 POLICY:

The Northeast Michigan Community Mental Health Authority recognizes the need to provide for the safety and security of all employees and visitors. In doing so, the Agency is complying with Section 5(a), the Federal Occupational Safety and Health Act of 1970 (OSHA). Therefore, the Agency will not tolerate threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on the Agency's property. This includes physical attacks, verbal or physical threats, destruction of property, sexual harassment, intimidation, or abusive language.

The Agency has zero tolerance for workplace violence. Employees shall have no expectation of privacy while on agency premises or agency vehicles.

An employee who believes they have been a victim of or who has witnessed Workplace Violence shall report the occurrence to their immediate supervisor, Chief Operations Officer, Human Resources manager or recipient rights officer, who, in turn, shall report that information immediately to the Director or the Human Resources Manager. Nothing shall be permitted or interpreted to prevent the offended or reporting employee from directly contacting the Director to file a complaint.

All complaints and reported incidents shall be reviewed on a case-by-case basis by a person or persons designated by the Director. In those instances where a violation of this policy has occurred, immediate action shall be taken to remedy the situation and to prevent its recurrence. Employees who violate this policy shall be subject to disciplinary action in accordance with the Agency's policy on employee discipline.

Any employee who has obtained a Personal Protection Order ("PPO") against another individual or who has been served with a Person Protection Order must inform their supervisor and Human Resources of the PPO and provide a copy of the PPO to their supervisor and Human Resources. Employees who violate this policy shall be subject to disciplinary action in accord with the Agency's policy on employee discipline.

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•2 APPLICATION:

All Employees

•3 DEFINITIONS:

Workplace Violence includes but is not limited to harassment, threats, physical attack or property damage.

Threat – Threat is the expression of an intent to cause physical or mental harm. An expression constitutes a threat without regard as to whether the party communicating the threat has the present ability to carry it out and without regard as to whether the expression is contingent, conditional or future. Threats can be transmitted in written form, verbally or electronically.

Personal Protection Order (PPO) – A PPO is a court order to stop threats, stalking or violence against an individual. A PPO may also stop someone from coming into an individual's home or bothering them at work.

Physical Attack – Physical Attack is unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, biting, spitting, and throwing objects.

Property Damage – Property Damage is intentional damage to property which includes property owned by the Agency, employees, visitors or vendors.

•4 CROSS-/REFERENCES:

Policy 3610 - Prohibited and Unacceptable Conduct

•5 FORMS AND EXHIBITS:

Exhibit A – Report for Threats or Incidents of Violence

•6 PROCEDURE:

None

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

REPORT FOR THREATS OR INCIDENTS OF VIOLENCE

NAME OF VICTIM: _____

NAME OF PERPETRATOR: _____

IF NAME NOT KNOWN, WHAT WAS BUSINESS WITH AGENCY? _____

DATE OF INCIDENT: _____ **TIME:** _____

WHERE INCIDENT OCCURRED (PLACE): _____

WHAT HAPPENED IMMEDIATELY PRIOR TO INCIDENT? _____

SPECIFIC LANGUAGE OF THREAT: _____

SPECIFIC ACT OF VIOLENCE (CAN INCLUDE PROPERTY DAMAGE): _____

NAMES OF OTHERS DIRECTLY INVOLVED – WITNESSES: _____

NAME OF SUPERVISOR INVOLVED: _____

WHAT LED UP TO INCIDENT? _____

HOW INCIDENT ENDED: _____

SPECIFIC ACTIONS TAKEN AFTER INCIDENT: _____

SUGGESTIONS FOR PREVENTION OF VIOLENCE IN FUTURE: _____

SIGNED: _____ **DATE:** _____

PROVIDE DETAILED NARRATIVE WITH ABOVE REPORT

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

PERSONNEL
(Manual Section)

EMPLOYEE RECRUITMENT
(Subject)

Approval of Policy||

Dated:

Original Inception Date:
Last Revision of Policy Approved:

July 13, 1995

_____ *[signed by Nena Sork]*

October 11, 2021

•1 POLICY:

Notifications of vacant positions will be posted at all appropriate work sites. In the event administration determines that posting is inappropriate, the reason for the variance shall be documented.

Positions may be advertised and applicants may be searched for on a local, state and/or national basis, depending on the nature of the position and according to the discretion of the Human Resources Manager and supervisor of the vacant position.

Applications will be directed to and reviewed by the Human Resources Manager and may be forwarded (with or without comment) to the appropriate supervisor, administrator or designee for screening and selection of qualified applicants for personal interview or other appropriate follow-up.

Candidates selected from among qualified applicants will be invited to interview with appropriate administration as specified in the procedure. Criteria for selection are to be developed before interviewing candidates.

An offer of employment may be extended to the successful candidate, according to the following:

...for the
Medical Director and Chief
Operations Officer, Recipient
Rights Officer, Compliance
Officer, Clinical Director,
Accounting Officer, Finance
Officer, IS Director, Human
Resources Manager, Executive
Secretary

...by the
Director;

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...for

Administrative Staff (e.g., QI Coordinator, Administrative Assistants,

Support Services Staff (e.g., Accounting, Clerical and Custodial Staff)

General Therapeutic Staff (e.g., Clinicians, Client Services Managers, etc.)

Direct Support Staff (e.g., Residential Training Workers, Community Support, Supported Independence)

...by the

Director or Chief Operations Officer, or other Supervisory staff as appropriate, subject to endorsement by the Executive Director;

Appropriate Supervisor and Human Resources Manager;

Clinical Supervisor, subject to endorsement by the Clinical Director

Appropriate supervisor, subject to endorsement by the Human Resources Manager

A written statement of employment offer, including employment status, beginning salary, date of employment, designated work station and dates of probationary period, will be sent by the Human Resources Manager to the successful candidate and signed by the employee. The terms included in that letter shall constitute the employment offer; any verbal agreements must be incorporated in that letter of employment in order to be considered valid and binding on the employer and employee.

•2 APPLICATION:

All Employees

•3 DEFINITIONS:

•4 CROSS-/REFERENCES:

Employment Status--Policy 3220

•5 FORMS AND EXHIBITS:

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Administrative Approval of Procedure:

Dated:

[signed by Nena Sork]

October 11, 2021

•6 PROCEDURE:

Recruitment Process

•6•1 APPLICATION:

Full-Time and Part-Time Employees

•6•2 OUTLINE / NARRATIVE:

Full- and part-time vacancies will be posted at all work sites. Management reserves the right to waive the posting requirement. Current employees may be given first consideration.

Advertisements may be placed in newspapers, periodicals, radio and on social media and recruiting websites. Current applications will also be given consideration. Staff who wish to make referrals shall encourage applicants to file applications/resumes with the Human Resources Office.

Interview process:

- Two administrative staff must participate in the interview process; when possible the Human Resources Manager shall participate in the interview. Additional staff may be involved in the process as requested by administration.
- Adequate records of interview shall be maintained by Human Resources.
- Applicant must complete agency application.
- Driving record will be checked to ensure it complies with agency expectations as follows:
 - Applicants are required to possess an acceptable driving record. Any applicant who has been convicted of the following may not be considered for employment:
 - Conviction of a driving related felony.
 - Loss of driving privilege through suspension or revocation of license due to an unsatisfactory driving record as defined by the Michigan Department of State driver's license system.
 - Any alcohol/drug-related offense while driving in the last 3 years
 - Conviction of driving while license was suspended or revoked in the last 3 years
 - Reckless or careless driving in the last 3 years
 - Accumulated more than 6 points within the last 3 years.

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- Criminal background checks via Michigan State Police ICHAT (Internet Criminal History Access Tool)
 - Individuals with criminal convictions will be reviewed and hiring decisions determined by the Executive Director
- EPLS – Excluded Parties List System (Parties excluded from Medicare/Medicaid)
- OIG – Office of Inspector General
- MSA – Michigan Sanctioned Providers
- Fingerprinting, if applicable
- Verification of professional licensure/registration, if applicable
- References will be checked by Human Resources Office staff
- Applicant will be notified that official transcripts will be required, if applicable, prior to employment.
- When selection has been made, Human Resources Manager will transmit recommendation to Executive Director for approval.

•6•3 CLARIFICATIONS:

Fingerprinting – Effective April 2, 2006, this agency must comply with Public Act 29 of 2006. In brief summary, this state statute mandates the obtainment of extensive criminal history background information, including FBI fingerprinting, of all individuals who seek employment, independent contract or clinical privileges in positions that provide “direct access” to the consumers served by this agency. “Direct Access” is defined as access to a patient or resident or to a patient or resident’s property, financial information, medical records, treatment information or any other identifying information. This law supplements and reinforces this agency’s long-standing policies relating to requisite good moral character and suitability to work with vulnerable adults.

•6•4 CROSS-/REFERENCES:

Public Act 29 of 2006

•6•5 FORMS AND EXHIBITS:

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PERSONNEL
(Manual Section)

SENIORITY DATE
(Subject)

Approval of Policy||

Dated:

Original Policy Inception:
Last Revision of Policy Approved:

July 13, 1995

[signed by Nena Sork]

October 11, 2021

•1 POLICY:

The date an employee officially becomes full-time or part-time shall be considered as the seniority date. Full-time seniority date shall be used for pension eligibility and longevity. Initial part-time hire date shall be used for leave computation and employee recognition. An employee's seniority date shall be adjusted for unpaid leave of absence, including Workers Compensation, in excess of six months. Staff who are on leave without pay shall hold agency seniority for a period of six months providing they have successfully completed the initial probationary period.

When a part-time employee accepts a full-time position, a new seniority date will be assigned based upon straight-time hours paid, with 2080^[D2] hours constituting a year. Actual hours shall be used for this calculation for the preceding five (5) years. If the employee has been employed more than five (5) years, any years prior to the five (5) shall be assumed to be worked at the same rate as the last five (5). Part-time employees who transfer to a full-time position and then back to part-time will have their original seniority date reinstated.

A former employee who has been rehired by the agency may request to have their seniority date "bridged" to include their earlier employment [i.e., an employee who previously worked for the Agency for 4 years, 3 months would have that amount of time added to their current seniority]. To be eligible for this consideration, the employee must have returned to Agency employment for not less than five years. Bridged seniority dates will be used for job bidding, layoff, longevity, employee recognition and leave computation and will not be retroactive. Employee must request consideration for bridging of time in writing and submit the request to the Human Resources Office.

•2 APPLICATION:

Full-Time and Part-Time Non-Union Employees

•3 DEFINITIONS:

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•4 CROSS-/REFERENCES:

[Transfers and Promotions - Policy 3280](#)

[Layoff - Policy 3245](#)

[Longevity - Policy 3545](#)

[Pension Plan - Policy 3540](#)

[Leave - Sick Time - Policy 3570](#)

[Leave Without Pay - Policy 3575](#)

•5 FORMS AND EXHIBITS:

•6 PROCEDURE:

None

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POLICY & PROCEDURE MANUAL

PERSONNEL
(Manual Section)

LAYOFF
(Subject)

Approval of Policy||

Dated:

Original Inception Date:

October 14, 1993

Last Revisions of Policy Approved:

[signed by Nena Sork]

October 11, 2021

•1 POLICY:

In the event it becomes necessary to eliminate positions or lay-off personnel, the following guidelines shall apply.

•1•1 Notice

In the event of lay-off of full-time or part-time employees, the Agency shall give seven (7) calendar days' prior written notice to affected employees--except where the circumstances causing the layoff could not reasonably be anticipated by the Agency; if appropriate, contract and casual employees may be informed as well.

•1•2 Layoff Process

•1•2•1 Administrative/Management/Supervisory Staff Group

Layoff of staff who are in administrative, management or supervisory positions will be determined by the Executive Director, with input of Management Team members when appropriate and will consider individuals served, employee and agency interests, such as service continuity and efficiency, employee seniority and performance, and geographic issues.

Recall

Employees laid off or previously displaced from the above positions will be given consideration for future vacancies. Employees who have satisfactorily completed their initial probationary period shall retain seniority recall rights for a period of up to six (6) months.

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•1•2•2 Blue Horizons Residential Facility Group

In the event staff reductions/changes are necessary; staff assignments will be determined by individual served choice, individual served needs (as outlined in the Plan of Service), employee performance and longevity.

Recall

Employees who have satisfactorily completed their initial probationary period shall retain seniority recall rights for a period of up to six (6) months.

•1•2•3 SIP, SIP Technicians & Community Support and MI Support/OAS Support Workers

In the event staff reductions/changes are necessary; staff assignments will be determined by individual served choice, individual served needs (as outlined in the Plan of Service), employee performance and longevity. In the event staffing is no longer required due to a individual served death, relocation, change in condition, employees will not have the option of bumping staff assigned to other work sites on a seniority basis. Every effort will be made to identify suitable work.

Recall

In the event vacancies become available, consideration will be given to those staff that are currently on layoff status for a period of up to six (6) months.

•1•3 Salary Determination

The salary of an employee who is transferred into a position which has a lower maximum salary than that of the position currently held shall be determined by the Executive Director according to Policy 3510, Compensation and Related Benefits.

•1•4 Recall Rights

Employees recalled to work shall be notified by telephone or, if necessary, by certified mail. Employees must report to work within five (5) calendar days of the date of the call or letter. It is the employee's responsibility to provide the Human Resource Office with a current address and telephone number. If no response is received within the specified five (5) calendar days, the Executive Director shall proceed to notify the next-most-senior laid-off employee qualified to assume the available position, if applicable.

Employees wishing to return to work but unable to do so within five (5) calendar days of the date of the telephone call or letter may request that an extension be granted. After a review of the circumstances, the Executive Director shall determine if an extension will be granted; the decision of the Executive Director shall be final.

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If an employee is recalled to a comparable position within a reasonable proximity as determined by the Executive Director and does not accept such a position when one becomes available, then s\he shall be considered to have terminated employment voluntarily.

•2 APPLICATION:

Full-Time and Part-Time Non-Union Employees.

•3 DEFINITIONS:

Group -- In that same context, "Group" refers to all three of those Departments together.

Position -- is a job which is covered by a job description (there may be more than one employee in the same position).

•4 CROSS-/REFERENCES:

Seniority Date - Policy 3240

•5 FORMS AND EXHIBITS:

•6 PROCEDURE:

None

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PERSONNEL
(Manual Section)

INFECTION PREVENTION AND CONTROL PLAN
(Subject)

Approval of **Policy**

Dated:

Original Policy Inception:
Last Revision of Policy Approved:

July 13, 1995

[signed by Nena Sork]

December 6, 2021

•1 POLICY:

The Agency shall attempt to monitor, prevent, control or contain the spread of infectious diseases, including diseases not known to be spread by casual contact and considered to be a threat to Northeast staff, visitors and persons served. Northeast Michigan Community Mental Health Authority will maintain an active program to monitor/prevent/control/contain infectious diseases, including diseases not known to be spread by casual contact. The program will be administered by the Infection Control Nurse who is overseen by the Safety Committee, which will review and update policy on a regular basis.

In situations pertaining to Bioterrorism, Pandemics, Epidemics and Chemical Warfare, it is difficult to address individual possibilities. This Agency will follow the guidelines issued by the Centers for Disease Control (CDC), our local District Health Department #2 and #4 and all other responsible agencies. In the event that the Infection Control Nurse is absent, the Human Resources Office/designee will be responsible for obtaining these guidelines and distributing them to all sites.

The Agency will not discriminate against individuals/employees known to have AIDS, ARC, HIV, HCV, and/or CMV. Employees who have been diagnosed as having diseases not known to be spread by casual contact will be permitted to continue their employment as long as they are able to perform essential job functions and medical evidence indicates their condition is not a direct threat to themselves or others. The Agency shall observe applicable federal, state and local health standards as they develop concerning employees with such diseases.

The Agency shall not discriminate against a qualified individual with a disability with regard to job applications, hiring, advancement, discharge, compensation, training or other terms, conditions or privileges of employment. The Agency may discriminate if the selection or rejection is based on a bonafide occupational qualification.

- A. The Agency shall not ask job applicant whether they have AIDS, ARC, HIV, HBV, HCV or CMV or have been exposed to AIDS, ARC, HIV, HBV, HCV or CMV.

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- B. The Agency shall not test applicants or employees for HIV or CMV, or exposure to HIV or CMV.
- C. The Agency shall not reject a job applicant solely on the basis of an established AIDS, ARC, HIV, HBV, HCV, CMV diagnosis or on the basis of a statement by the applicant or employee that he/she has had positive results from a blood test showing exposure to HIV, HBV, HCV or CMV.
- D. An employee's health condition is personal and confidential. The Agency shall ensure the information regarding an employee's health condition is kept confidential.

For accreditation purposes, this policy serves as the Infection Control Plan.

•2 **APPLICATION:**

All Employees

•3 **DEFINITIONS:**

AIDS/ HIV: AIDS (Acquired Immune Deficiency Syndrome) is initiated by a virus called HIV (Human Immunodeficiency Virus). This virus decreases the body's ability to fight off disease. Persons with AIDS are vulnerable to serious opportunistic illnesses and infections or tumors, which would not be a threat to anyone whose immune system functioned normally. These diseases, rather than AIDS virus itself, often lead to death. ARC (Aids Related Complex) is chronic Signs and Symptoms manifested by HIV infected people who have not had the opportunistic illnesses and infections or tumors.

Anonymous Testing: Test results use only code numbers or code names as identification. Employee's name is not on the test and can't be traced back to the employee. Results are obtained by using your code number or code name.

Blood, Blood Products and Body Fluids – All waste blood products and bodily fluids greater than 20ml (2/3 ounce) in volume that exist in a free liquid state and cannot be carefully poured down a drain or toilet.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to HIV, HCV and HBV.

Diseases Not Known to be Spread by Casual Contact: [e.g., Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC), Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV), Cytomegalovirus (CMV)] Illnesses caused by direct contact with the infected blood or body fluid of a person into the bloodstream or onto mucous membranes of a non-infected person. Examples may include direct injection of contaminated blood by needles; transfer of infected blood through small, often unrecognized breaks in the surface of the skin as well as through larger skin lesions such as burns or scratches; introduction of saliva containing blood or semen containing the virus onto the surfaces of eyes, nose, mouth, vagina or rectum; or by bites breaking the skin. Diseases not known to be spread by casual contact are not spread by talking, holding hands, hugging, sharing dishes, eating utensils, bathrooms, etc.

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Exposure Incident: Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of an employee's duties.

Exposure incidents include, but are not limited to:

1. Contact of blood or other infectious materials with non-intact skin.
2. Needlestick injuries or other puncture wounds with contaminated objects.
3. Spraying or splashing of blood or other infectious materials in eyes or mucous membranes.

H-BIG: Hepatitis B Immune Globulin (Human).

Hepatitis A (HAV): Is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus. It is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water.

Hepatitis B (HBV): Viral hepatitis caused by the Hepatitis B virus; formerly known as "serum hepatitis." Transmitted by injections, sexual contact, and introduction of body fluids containing the virus onto mucosal surfaces.

Hepatitis C (HCV): Viral hepatitis caused by the Hepatitis C virus; formerly known as "non A-non B Hepatitis." Transmitted by contaminated blood and plasma derivatives, contaminated needles and syringes. The risk of transmission by household contact and sexual contact has not been well defined. Rarely occurs with mucous membrane exposure.

Occupational Exposure: Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials: (OPIM)

- A. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids (per OSHA 29 CFR 1910.1030 OPIM is NOT urine or feces unless visibly containing blood);
- B. Any unfixed tissue or other (other than intact skin) from a human (living or dead); and
- C. HIV containing cell or tissue cultures, organ cultures, and HIV or HIB-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HCV or HBV.

Parenteral: Parenteral means piercing mucous membranes or other skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Source Individual: Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and outpatient individuals served by the Agency;

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residential treatment facilities, jail inmates, and nursing homes; and individuals served in any setting.

Sharps – A sharp is any device having corners, edges, or projections capable of cutting or piercing the skin. The following items (whether contaminated or not) are considered sharps and must be disposed in red-approved sharps containers and managed as medical waste (*Sharps containers are used no longer than 90 days. The storage period begins when the use of the container is initiated.*):

- Needles with or without syringes
- Lancets
- Exposed ends of dental wires

Standard Precautions formally known as Universal Precautions: A system of infectious disease control which assumes that every direct contact with body fluids and potentially infectious material is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HIV, HCV or HBV infected.

Substantial Risk of Occupational Exposure: Employees in any occupation where reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials may result from the performance of the employees' duties. See [Exhibit A](#).

Category A: *Consists of:*

Occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment.

Category B: *Consists of:*

Occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way.

•4 CROSS-/REFERENCES:

•5 FORMS AND EXHIBITS:

[Exhibit A - Risk-Category Classification](#)

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Administrator Approval of **Procedure:**

Dated:

[signed by Nena Sork]

December 6, 2021

•6 PROCEDURE:

Prevention & Control of Infectious Diseases

•6•1 APPLICATION:

All employees

•6•2 OUTLINE / NARRATIVE:

•6•2•1 EMPLOYEE KNOWN TO HAVE AIDS, ARC, HIV, HAV, HBV, HCV OR CMV OR ANY OTHER INFECTIOUS DISEASE

- A. Risk to self and others by continued employment will be determined on an individual basis by the Infection Control Nurse in conjunction with the Human Resources Manager and the employee's physician.
- B. A doctor's statement may be requested by the employer/Infection Control Nurse to assist in determining capacity to continue employment.
- C. If continued employment in current position will pose a significant risk of communicating the disease to others or will pose a significant risk of contracting infectious diseases, appropriate alternate placement may be requested/provided when available. Reasonable accommodation consistent with the business needs of the facility may be made for an employee with AIDS, ARC, HIV, HAV, HBV, HCV, CMV, or any other infectious disease. The Human Resources Manager can help define reasonable accommodation in an individual situation.
- D. Employees must adhere to the infection prevention and control plan policy regarding employees absent from work for an infectious disease or working with symptoms of an infectious disease.
- E. Employees infected with AIDS, ARC, HIV, HAV, HBV, HCV or CMV shall be counseled about the risk associated with caring for residents with transmittable infections. The Agency's Infection Control Nurse, with the employee's personal physician, shall determine whether the individual can adequately and safely perform resident care duties or whether a change in work assignment is indicated. If an employee who is infected with AIDS, ARC, HIV, HAV, HBV, HCV or CMV continues to work, he/she will wear gloves for direct contact with mucous membrane or non-intact skin of all residents.
- F. Employees with exudative lesions or weeping dermatitis (skin rash or sores which have drainage) must refrain from all direct contact with persons served and handling of their care equipment until the condition has been medically evaluated and determined to be safe or capable of being safely

protected against. All information shall be forwarded to his/her Supervisor, Human Resources Office and Infection Control Nurse for evaluation and permission to continue working.

- G. Prevention of diseases not known to be spread by casual contact shall be facilitated by:
 - i. Staff education
 - ii. Standard blood/body fluid precautions
 - iii. Hepatitis A screening and referrals for at risk staff
 - iv. Hepatitis B screening and immunizations for at-risk staff
- H. Strictest confidentiality shall be maintained for all medical records and reasonable precautions will be taken to protect information regarding an employee's health records. Only authorized persons who have a need to know shall be permitted access to employees' health records.

•6•2•2 PERSONS SERVED AND AIDS, ARC, HIV, HAV, HBV, HCV

- A. All facilities shall prepare employees for the possibility of working with and/or providing care to persons with AIDS, ARC, HIV, HAV, HBV and HCV. Mandatory AIDS, ARC, HIV, HCV education shall not be limited to those employees who may be caring for individuals infected with AIDS, ARC, HIV, HCV. Printed material shall also be made available.
- B. Infection Prevention and Control Plan Policy and Procedures, which include Bloodborne Pathogens, must be a regular part of training, including annual updates, with all staff. Consideration may be given to extending educational programs to include residents and their families and outside contractors.
- C. Direct-care-givers may be informed if they are providing care to infected victims of AIDS, ARC, HIV, HAV, HBV and HCV. However, strict confidentiality of individual's health conditions shall be observed with violators being appropriately disciplined.
- D. Employees who provide care to persons infected with AIDS, ARC, HIV, HAV, HBV and HCV shall be instructed in the proper blood and body fluid precautions, aka Standard Precautions. A thorough incident investigation and review of employee personnel policies will be carried out. The violator of proper infectious disease control shall be disciplined, up to and including termination. The discipline should be assigned on a case-by-case basis; however, discipline must be consistent throughout the facility.
- E. A diagnosis of AIDS, ARC, HCV, HAV, HBV or HIV infection in and of itself, is not cause for excluding an employee whose job requires meal preparation from work or for restricting that worker's activities on the job.

•6•2•3 HEPATITIS A

- A. Information: All employees will be given Hepatitis A information literature. [Exhibit 22]

- B. The Agency developed a Hepatitis A Plan to address screening options for both individuals receiving services and staff. [Exhibit 20]
- C. Hepatitis A Virus (HAV) Screening Questionnaire [Exhibit 21]
 - 1. All staff will have the opportunity to review the screening form. After reviewing the risks, if the employee wishes to obtain a vaccine for themselves, referral information is available on the form.
 - 2. Hepatitis A will be addressed with all individuals presenting for an Intake. The Intake Worker will assist with completion of the screen, if necessary, and the screen will be left with the Intake Worker. Risk areas will be documented and reviewed with the individual. The form will be forwarded to a designee to input the data into electronic format for submission to the Department.
 - 3. The questionnaire will be reviewed with individuals when completing their annual assessment.

•6•2•4 HEPATITIS B

- A. Information: All employees will be given Hepatitis B informational literature. [[Exhibit 1](#)]
- B. HBV Immunization and Screening Program: New employees:
 - 1. The Agency will provide Hepatitis B immunizations in accordance with current health care practice as determined by the U.S. Public Health Service.
 - 2. *Employees in Category A ([Exhibit A Risk Category Classification](#))* shall be offered the Hepatitis B vaccine at time of hire. The Agency will pay for the cost of the vaccine and the administration thereof. A Hepatitis B prescreening test can be drawn if an employee desires one, feels that he/she may have had a previous exposure to the Hepatitis B virus or if vaccinated from a previous employer.
 - 3. The employer must offer a new employee in Category A (*[Exhibit A Risk Category Classification](#)*) a post vaccination titer to be drawn within 60 days of completing the Hepatitis B vaccine series. The employer is not required to offer a post titer test after 60 days of completing the Hepatitis B vaccine series.
 - 4. Employees electing to decline the series must complete the Hepatitis Vaccination Series Request/Waiver form within 4 weeks of accepting employment and return it to the Human Resources Office.
 - 5. The employer has made arrangements for employees in Category A (*[Exhibit A Risk Category Classification](#)*) to receive the HBV immunization at the District #4 Health Department or District #2 Health Department. The employee will make their own appointments with these agencies.

6. The second and third doses of vaccine will be administered as close as possible to the timeline suggested by the current recommendations of the U.S. Public Health Service. The employee will make their own appointments.
7. It is the employee's responsibility to receive the vaccine within the specified timeline. If the employee is unable to receive the vaccine within the timeline, the employee must notify the Human Resources office of this complication.
8. If an employee misses a dose of vaccine and does not notify the Human Resources office within the timeline, it will be assumed that the employee is no longer interested in the Hepatitis B immunization program. The employee will be requested to complete the Hepatitis B Vaccination Request/Declination Statement ([Exhibit 1A](#)). In the future, should that employee indicate a renewed interest in the Hepatitis B immunization program, the Agency will provide the vaccine at that time.
9. Employees who indicate they do not wish to receive the Hepatitis B vaccine may request the vaccine at any time in the future by completing the Hepatitis B Vaccination Request/Declination Statement ([Exhibit 1A](#)) and submitting it to their supervisor or Human Resources Office.
10. If another series is recommended by the Public Health Department, it will be provided by the employer. The employee will make their own appointments. Another post titer evaluation is recommended after the second series. The post vaccination titer is to be drawn within 60 days of completing the Hepatitis B vaccine series.
11. If the employee does not develop HBV antibodies after receiving the second Hepatitis B series then they will be managed as if they are not protected in case of a Bloodborne Exposure.

•6•2•5 EXPOSURE INCIDENTS

- A. Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; eyes or other mucous membranes should be flushed with water. Eyewash solution is available at First Aid sites if water is not readily available. **The supervisor shall be contacted immediately.** If he/she is unavailable, other appropriate staff shall be contacted, (i.e., Infection Control Nurse, Director of Clinical and Support Services, Human Resources Manager). A Bloodborne Pathogen Exposure Report ([Form BDF-013](#)) and an Employee's Injury Report ([Form BDF-006](#)) must be completed.
- B. The completed reports (Bloodborne Pathogen Exposure Report ([Form BDF-013](#)) and an Employee's Injury Report ([Form BDF-006](#)) shall be forwarded to the Human Resources Office immediately. The Infection Control Nurse will be consulted as needed.
- C. An employee who may have been exposed to a bloodborne pathogen may seek treatment at Health Wise Medical Clinic 989-358-8100 at 101

Oxbow or Alpena Express Care 989-356-2400 at 109 S. 13th in Alpena, Monday through Friday during office hours. Contact the Human Resources Office if during office hours and they will make the appointment for you. After office hours or on weekends treatment should be sought from MidMichigan Medical Center's – Alpena Emergency Room or Otsego Memorial Hospital in Gaylord **within 24 hours of the exposure**. The employee shall take with him or her a completed copy of the "Bloodborne Pathogen Exposure Report" ([Form BDF-013](#)). The employee will be offered HIV, HAV, HBV, and HCV testing. Also needed is a **CONSENT FORM FOR THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST**. This is found as part of [Exhibit 4](#) "What You Need to Know About HIV Testing."

- D. The employer is to provide a copy of the "Guidelines for the Management of Occupational Exposures to HIV, HAV, HBV and HCV and Recommendations for Post exposure Prophylaxis" or Part 554 "Bloodborne Infectious Diseases," including Rule 13, which addresses Vaccinations and Post exposure follow up ([Exhibit 15](#)), to these clinics or hospitals. It is the employer's obligation to ensure that these rules are being followed.
- E. If the source individual is known to be infected with HIV, HAV, HCV or HBV, testing need not be repeated to determine known sensitivity.
- F. The exposed individual will be offered a repeat screening for HIV, HAV, HBV and HCV six months after the incident.
- G. The employer shall ensure that the employee will receive appropriate counseling with regard to medical risks and benefits before undergoing any evaluations, procedures, vaccinations, or post exposure prophylaxes.
- H. Upon request, exposed employees will be provided source individual's testing results (if blood is tested) and information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.

•6•2•6 TUBERCULOSIS MONITORING AND CONTROL

- A. All employees at the time of hire must be tested for Tuberculosis or if previous skin test proved reactive, a TB symptom evaluation must be filled out. Tuberculosis testing will be required every three years, though if an employee requests the test annually, the Agency will cover the expense.
- B. Employees with previous reactive TB skin tests need annual TB Symptom Evaluations ([Form BD F-027](#)). A medically trained person such as the agency Infection Control Nurse will review the completed form. If a problem is noted as defined under Symptom Evaluation, the employee will be referred to Human Resources so further follow-up by physician may be initiated.
- C. A report to MIOSHA will be made if staff with previous non-reactive TB tests converts to a reactive result or if he/she is diagnosed with Tuberculosis which is determined to be a result of an Occupational

exposure. Use Occupational Disease Report form MIOSHA-MTSD-51 ([Exhibit 12](#)) available on the MIOSHA website. (http://michigan.gov/lara/0,4601,7-154-61256_11407---,00.html)

- D. Persons served with previous reactive TB skin tests who live in a licensed group home need annual TB Symptom Evaluations ([Form BD F-027](#)). The Registered Nurse assigned to that home has the primary responsibility for this. If a problem is noted as defined under Symptom Evaluation, the individual needs to be referred to their physician so further follow-up may be initiated.

•6•2•7 METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

- A. Definition: MRSA refers to a type of bacteria (Staphylococcus aureus) that is resistant to many antibiotics. It is a common cause of hospital-acquired infections.
- B. Symptoms: it can cause a wide range of symptoms depending on the part of the body that is infected. These may include surgical wounds, burns, catheter sites, eye, skin and blood. Infection often results in redness, swelling and tenderness at the site of infection. Sometimes people may carry MRSA without having any symptoms.
- C. Transmission: it is usually spread through direct contact with the hands of a health care worker or patient who is infected or carrying the organism.
- D. Control Spread: Hand washing, Personal Protection Equipment (PPE) and gloves: See Procedure 6.2.7 on glove use.
- E. For control of MRSA in a home setting, see “MRSA At Home” [Exhibit #18](#)
- F. Prevention:
1. Use antibiotics only as directed by a healthcare provider.
 2. Avoid sharing personal items like towels, wash cloths, bar soap and razors, even among family members.
 3. Seek care immediately at first signs of infection (red, swollen, painful, warm, or draining pus).

•6•2•8 PANDEMICS/EPIDEMICS

NeMCMHA will follow directives from local, state or federal health agencies as applicable by law.

•6•2•9 STANDARD PRECAUTIONS:

Standard Precautions: A system of infectious disease control which assumes that every direct contact with body fluids and potentially infectious material is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HIV, HCV or HBV infected.

All employees assigned to licensed residential sites will be required to attend an in-service which addresses Standard Precautions and Infection Control Standards.

Hand Washing/Glove Use

Hand Washing:

Hand washing facilities are readily accessible. Plain soap or an antiseptic soap is available at each sink. Proper hand washing includes the use of running water allowing the water to run distally down the arm or hand, lather soap in a friction-creating technique making sure to clean all surfaces of the hands and fingers for 20 seconds and rinse thoroughly; then turn off faucets with a paper towel or other barrier.

Hand washing remains the most effective method of infection control and is done:

- When entering or leaving an individual's home (Residential setting may post signs reminding staff and visitors)
- After handling used equipment
- Between contacts with different individuals
- After using the bathroom
- When hands are soiled
- Before eating
- Immediately after gloves or other barriers have been removed.
 - Hand washing after glove removal is important since some gloves may have undetected holes and may not completely prevent hand contamination.
 - Hand washing can be done using soap and running water or by using an alcohol gel/hand sanitizer in wipe or liquid form provided in Agency facilities.

Alcohol gels should not be used when hands are soiled. If hands are soiled, they should be washed with soap and water.

Gloves

Gloves provide a barrier between the hand and contamination. **Gloves are put on:**

- Immediately before contact with an individual's mucous membranes
- Immediately before contact with any individual's non-intact skin
- Immediately before any contact with moist body substances
- When handling or touching surfaces or items contaminated with body substances

Hands should be thoroughly dry before putting on latex gloves as additional moisture due to perspiration inside the glove has been shown to decrease the barrier integrity of latex, especially during extended wear. Whenever possible, latex gloves should not be worn for longer than one (1) hour at a time.

Remove gloves after they become contaminated and before leaving the work area. They may be disposed of in a plastic-lined container or bag, tied or sealed, and removed for double bagging prior to being placed in garbage container for pick-up.

Always wash hands and put on new gloves for each individual who services are being provided for.

Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

Never wash or decontaminate disposable gloves for reuse. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

If wearing PPE other than gloves, gloves are to be removed last.

Personal Protective Equipment (PPE) Use:

PPE is any barrier worn by healthcare providers to eliminate direct touch contact with body substances. PPE is selected by the healthcare provider as appropriate to the task and procedure. To be appropriate, PPE must prevent blood or other body fluids/substances from soaking through to the user's clothes, skin, eyes, nose, mouth or other mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used.

PPE includes, but is not limited to, gloves, disposable gowns, aprons, laboratory coats, face shields, masks and eyewear. Appropriate PPE in a variety of sizes and materials is readily accessible in the work area. PPE is provided, cleaned, repaired, replaced and/or disposed of by NeMCMHA at no cost to the healthcare provider.

Disposable PPE is removed immediately following completion of the task or procedure and discarded into the general waste. Healthcare providers do not take home PPE which is soiled with blood or other body substances for cleaning or laundering.

The following practices and PPE are used for all individuals at all times to prevent transmission of infectious pathogens to individuals and to healthcare workers. Judgment is required on the part of the employee to assess the need for additional protection for activities not included in the listing below or for less controlled or special situations:

- Healthcare providers put on clean or sterile gloves just before contact with mucous membranes or non-intact skin for all individuals.
- When direct contact with moist body substances (blood, pus, sputum, urine, feces, saliva, etc.) from any individual is likely, gloves are worn.
- Personnel gathering trash and personnel who hand-clean soiled items and equipment wear heavy latex gloves or suitable alternative gloves.
- When it is anticipated clothing or bare skin will be soiled by body substances, a gown or apron is worn.
- If a gown or apron becomes penetrated by body substances, it is removed immediately or as soon as possible.
- Selection of body covering is based on anticipated volume of body substance, duration of contact, and rubbing/friction of body substance into the covering.

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- When splattering of body substances to the face in anticipated (to facial skin, eyes, nose, mouth), appropriate face wear is worn.
- When splatter to the face is expected, it is important to cover the face entirely, including eye wear with side shield.
- Face-wear includes glasses/goggles and masks.
- Face-wear is needed when draining body fluid collection containers.

In addition to self-protection, you must consider protecting the individual from infection during the individual's care activities. A supervisor has the authority to ask staff to leave the premises if they are working with evidence of any contagious condition that may be spread by casual contact.

•6•3 **CLARIFICATIONS:**

None

•6•4 **CROSS-/REFERENCES:**

None

•6•5 **FORMS AND EXHIBITS:**

[Exhibit 1 -- "Viral Hepatitis – What You Need to Know"](#)

[Exhibit 1A - Declination Statement](#)

[Exhibit 2 -- Bloodborne Pathogen Exposure Report \(2-sided\) BDF-013](#)

[Exhibit 3 -- Employee's Injury Report \(Form BD-006\)](#)

[Exhibit 4 -- "What You Need to Know About HIV Testing" Pamphlet](#)

[Exhibit 4A - Consent for HIV Testing](#)

[Exhibit 5 -- Annual Tuberculosis Evaluation \(Form BD F-027\)](#)

[Exhibit 12 – MIOSHA-MTSD-51 Occupational Disease Report](#)

[Exhibit 15 – Vaccinations and Post-exposure Follow-up Rule](#)

[Exhibit 18 – MRSA-at-Home](#)

[Exhibit 20 – NeMCMHA Hep A Plan](#)

[Exhibit 21 – Hepatitis A Virus \(HAV\) Screening Questionnaire](#)

[Exhibit 22 – Hepatitis A Fact Sheet](#)

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Administrative Approval of Procedure:

Dated:

[signed by Nena Sork]

December 6, 2021

•7 PROCEDURE:

Appropriate Handling & Disposal of Hazardous Waste/Sharps Disposal

•7.1 APPLICATION:

All employees

•7.2 OUTLINE / NARRATIVE:

- A. As appropriate, all individuals and employees will receive information and instruction regarding the identification, handling and disposal of hazardous materials and wastes in accordance with applicable laws and regulations. Hazards will be communicated to agency personnel by the proper use of labels and signs according to applicable laws and regulations.
- B. Handling and transporting of general contaminated waste defined as:
- Waste with body substances in an absorbed form is considered to be general waste.
- C. Infectious/OPIM/biomedical wastes defined as:
- Waste consisting of disposable materials that have been exposed to or contaminated by blood, blood products or body fluids* are handled in a separate waste system. Infectious/biomedical waste is placed in special biohazard labeled containers, collected and transported to the designated collection site for pick up by contracted medical waste contractor. Currently biohazard waste accumulation container is located at the Alpena Office (Psychiatric Nurses have access). Red bags are available at First Aid/AED locations in offices and with the PPE in agency run group homes--directions for use are with the bags [**See Definition Section of policy*]
- D. Household Glass Breakage
- Use appropriate tools such as a broom and dustpan, brush, forceps, or tongs, etc. DO NOT pick up with bare hands.
 - Drain water before trying to remove broken glass from a sink.
 - Label a paper with the word "glass," then wrap the glass in the paper and discard in the proper receptacle. Broken glass should be disposed of in a container (such as a box) and labeled so no one else is injured.
- E. Needlestick Precautions/Sharps
1. All employees shall take precautions to prevent injuries caused by needles, lancets, and other sharp instruments or devices during use, when cleaning or during disposal.

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2. The Infection Control Nurse will evaluate current needle use and safety annually or PRN. ([Exhibit 13 - BD F-072](#))
 3. Disposable syringes, lancets and needles with safety features shall be used exclusively.
 4. Used needles and lancets shall not be recapped, bent, broken or removed from syringe or otherwise manipulated by hand. If a procedure requires that the contaminated needle or lancet be recapped or removed and no alternate is feasible, the recapping or removal of the needle, lancet or other sharp object must be done using a mechanical device such as forceps or needle-nosed pliers, or a one-handed scoop method.
 5. Used disposable syringes and needles, lancets and other sharp items shall be placed immediately in a durable, closable, puncture resistant, leak resistant on sides and bottoms, prominently labeled, disposable *red sharps* container (at agency sites) which is labeled with a biohazard symbol that identifies the contents as infectious waste.
 6. Sharps from agency sites as defined above are **NEVER** to be disposed of into any container other than as defined under #7.
 7. Each office and residential site will have an approved Sharps Disposal Container available. It should be visible to the workers who use them. Staff will be made aware of its location and told that they are available for their personal use if needed.
 8. When the container is filled to $\frac{3}{4}$ capacity and/or has been in use 90 days, it is to be brought to the Alpena Office. The Sharps Container should be given to any Psychiatric Nurse for storage and is picked up quarterly, as needed, by a contracted medical waste disposal service (currently Hospital Network Healthcare Services).
 9. Sharps containers will be placed in an area inaccessible to individuals or the public during storage or while awaiting trash collection and removal.
 10. Sharps containers shall be approved, distributed, placed, collected, stored and disposed of according to procedure developed, implemented and monitored by the facility's Psychiatric Nurses or Infection Control staff. Safe use and disposal of lancets shall be reviewed annually for staff in agency run group homes and SIP staff.
- F. Contaminated materials will be handled in accordance with Standard Precautions and all applicable laws and regulations. Guidelines for the instruction of individuals and employees in the identification, handling and disposal of hazardous materials and wastes are as follows:
1. Upon admission/hiring, each person served/employee will be assessed as to any educational needs related to the identification, handling and disposal of hazardous materials and wastes. The assessment shall include but not be limited to the potential need for and use of:
 - puncture-resistant needle containers;
 - bagging soiled dressings, linens & diapers; and,
 - gloves and protective clothing.

Further, the assessment will include evaluation and description of the entry-level skills of the employee. Failure to perform activities according to accepted standards shall result in re-instruction.

2. Documentation of the person served/employee instruction in the clinical/personnel record shall include:

- Information taught;
- Adaptations made to the environment;
- Return demonstrations in use of equipment/procedures, if appropriate;
- Response to teaching; &
- Additional learning needs.

- G. All contaminated wastes shall be discarded according to state and local regulations. Guidelines for the handling of contaminated materials are as follows:

1. Specimen Collection and Delivery:

- Once the specimen is collected, it should be labeled (with individual's name, date, time of draw & doctor's name), placed inside a plastic bag and secured to prevent leakage during transport. Each type of specimen (blood, urine, feces, sputum, etc.) should be placed in a separate and labeled plastic bag;
- Care should be taken when collecting the specimen to avoid contaminating the outside of the container and the laboratory requisition accompanying the specimen;
- Lab specimens may be delivered to the lab after being bagged, securely closed and labeled...and should then be placed in opaque, paper or similar bag, carried to the lab and handed to authorized personnel.

2. Handling of Soiled Linens contaminated with blood, urine, feces, saliva:

- All individuals at risk for soiling linens should have a laundry-bag / pillowcase / marked container in which to place soiled linens at the location. The bag/container should be leak proof when there is potential for leakage.
- All soiled linen will be handled using standard precautions; minimally gloves.
- Soiled linen is not to come into contact with employees' clothing, which may be protected by a disposable or washable apron or gown, as appropriate. [See Procedure 6.2.8 – Hand Washing and Glove Use]
- Three-step disinfecting procedure for soiled linens:
 - a. Soiled linen will be kept separately from clean linen and should be pre-rinsed in a washing machine, large laundry tub or other container large enough to handle the amount of linens/clothing requiring pre-washing.
 - b. All soiled linen will be washed separately from other linens using an all hot water setting and soap. Dry in a dryer at hottest suitable temperature – do not “line dry.”
 - c. Sanitizing of washing machine:
 - i. Spray or wipe thoroughly with a chlorine bleach and water solution or an approved commercial disinfectant/sanitizing spray:

½ Tablespoon bleach in 2 quarts of water

1 Tablespoon bleach in 1 gallon of water

(mix daily, label with date and time on container identifying contents)

- ii. Allow surfaces to air dry for a minimum of 2 minutes.
 - iii. Run a hot water rinse cycle in an empty machine to remove the bleach or disinfectant solution before continuing usual laundry.
 - iv. Because bleach evaporates, this solution must be mixed daily, dated and discarded after 24 hours.
3. Cleaning of Equipment for Re-Use:
- Cleaning reusable equipment which may come into contact with mucous membranes or body fluids (BP-cuffs, stethoscopes, thermometers, scales, toys, etc.) requires wiping exposed portions of equipment with alcohol or other appropriate cleaning solution.
 - Cleaning of other reusable equipment (i.e., tube-feeding pumps, oxygen equipment, whirlpool tubs) should be done according to manufacturer guidelines. Group homes shall maintain housekeeping schedules to ensure the reusable equipment is cleaned on a regular basis.
 - A solution of common household bleach and water can be used or manufactured disinfectant/sanitizing solution (follow equipment care directives from manufacturer for cleaning). This solution must be mixed daily, dated and discarded after 24 hours, allow to set on surface for 10 minutes.
 - 1/2 Tablespoon bleach in 2 quarts of water
 - 1 Tablespoon bleach in 1 gallon of water
4. Handling, Disposal and Transporting of General Contaminated Waste:
- General contaminated waste (as defined in 7.2.B) is placed into plastic-lined cans or plastic bags.
 - Waste with body substances in an absorbed form is considered to be contaminated waste. Contaminated waste articles (i.e., gloves, gowns, masks, dressings, emptied collection containers, soiled incontinence garments, pads, etc.) are placed into plastic lined waste containers and removed to a second plastic bag before being disposed into a garbage container for routine disposal.
 - Fluids (urine, feces, etc.) should be poured down the toilet and immediately flushed.
 - Infectious/biomedical wastes (defined in 1.3 Definition Section) are handled in a separate waste system. Infectious/biomedical waste is placed in special biohazard labeled containers, collected as prescribed by contracted service.
5. Disposal of Sharps and Used Red Sharps Containers:
- Gloves shall be worn by personnel involved when performing procedures that utilize and cause exposure or potential exposure of the staff member to body fluids of the recipient. Protective eyewear is recommended if appropriate.

- Protective covers shall not be replaced on a sharp instrument after use.
- The staff member will not directly handle sharps once contaminated. Forceps, pickups, hemostats or some other device will be used to transfer a contaminated sharp to the collection container. Lancets will be deposited directly into sharps container immediately following use using forceps, pickups, hemostats or some other such device.
- Sharps, once contaminated, will be disposed of and not reused.
- Red Sharps collection containers will be located at each program site and will consist of a puncture resistant, leak proof, prominently labeled, disposable container and labeled with a biohazard symbol that identifies the contents as infectious waste. The container will be such that the contents are not accessible unless the container is damaged or tampered with to gain entry.
- Hold the used instrument with the sharp end pointed away from you and drop it point-first into sharps container.
- Do not overfill the collection containers. Seal the container when it is filled to $\frac{3}{4}$ of total capacity and/or has been in use for 90 days. The container must be removed and replaced immediately with a new container. Disposal and replacement of the sharps container are the responsibility of the user. DO NOT ATTEMPT TO ADD MORE SHARPS TO A FILLED CONTAINER. Follow manufacturer's guidelines.
- Collection containers will be sealed according to the manufacturers specifications prior to removal to the disposal site. Placing the attached lid over the opening until the opening is completely covered can usually seal freestanding containers. Press down around the edges of the lid. The lid may also be taped down for added security. The container will be inspected prior to transport to assure that its contents are inaccessible unless the container is damaged or tampered with to gain entry.
- Collection containers will be transported for disposal separately from non-contaminated refuse in order to maintain the integrity of the collection containers. They are to be hand carried to the Alpena Office and given to any Psychiatric Nurse. (See 7.2.C)
- A Biohazard waste accumulation container supplied by the contracted carrier will be kept in a locked area. (Currently at Alpena Office, MI Wing. MI nurses have the key to access this area.)
- Sharps containers that are damaged or tampered with in such a way that the contents become accessible shall be handled as follows:
 - a. An Incident Report (MDHHS) shall be completed upon discovery of any sharps container that is found to be damaged or tampered with in such a way that the contents are accessible.
 - b. Contaminated sharps that have been filled or otherwise freed from the containment receptacle shall not be handled by hand. Forceps, pickups, hemostats or some other such device shall be used to transfer spilled or otherwise accessible contents to an intact sharps container.
 - c. Damaged sharps containers shall not be transported for incineration until the contents have been made inaccessible by either transfer to another

- container or enclosing the damaged sharps container in a larger, intact, puncture proof container.
- d. Injuries occurring as a result of contact with contaminated sharps shall be reported to the program site supervisor, Human Resources office, as well as the Infection Control Nurse. (See Section 6.2.5 “Exposure Incidents”)
- i. Employees are to fill out BDF-006 Employee’s Injury Report [[Exhibit 3](#)] and BDF-013 Bloodborne Pathogens Exposure Report [[Exhibit 2](#)].
 - ii. Individuals served are to also fill out a MDHHS Incident Report [Exhibit 19] and a BDF-013 Bloodborne Pathogen Exposure Report [[Exhibit 2](#)].
- e. Ultimate disposal of solid infectious/regulated wastes will be per contract with a licensed/insured disposal facility.
- i. The approved contractor will pick up and transport the infectious/regulated wastes in a leak-proof, fully enclosed transport container, to a site approved by all regulatory bodies for handling and disposing of infectious/regulated wastes.

•7•3 CLARIFICATIONS:

None

•7•4 CROSS-/REFERENCES:

None

•7•5 FORMS AND EXHIBITS:

[Exhibit 2 – BD F-013 Bloodborne Pathogen Exposure Report \(2-sided\)](#)
[Exhibit 3 – BD F-006 Employee’s Injury Report](#)
[Exhibit 19 – MDHHS Incident Report \(or Appropriate Majestic Form\)](#)
[Exhibit 13 – BD F-072 Sharps Injury and Needlestick Prevention](#)

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

Administrative Approval of Procedure:

Dated:

[signed by Nena Sork]

December 6, 2021

•8 PROCEDURE:

Appropriate and Safe Food Handling

•8.1 APPLICATION

All employees

•8.2 OUTLINE/NARRATIVE

Bacteria are everywhere in the air, in food, on our hands, mouth, and skin, on animals and insects, on land and in water. Most of the time, these bacteria are not present in large enough quantities to be harmful. But when they are in or on food, they can multiply quickly and cause food-borne illness or food poisoning.

The single most important factor of safe food handling is the control of bacteria through hand washing.

A. HANDLE FOOD SAFELY

To reduce the risks of contaminated foods:

1. Wash and sanitize utensils, counters, and cutting boards. Use sanitizing solution of 1 Tbsp. bleach to 1 gallon warm water. Allow to air dry. Wash your hands thoroughly before and immediately after handling these items.
2. Always use a sanitized cutting board and knife for preparing all foods that require any cutting, do not use the counter. Do not use the same cutting board for cooked/uncooked foods or meat/vegetables.
3. Avoid eating foods containing raw or uncooked eggs because they are frequently contaminated with salmonella bacteria.
4. Discard food portioned in serving bowls for family-style meal service and which remained on the table during the meal. These food items may have become contaminated.
5. Never store meats or any food in packaging in a way that it could leak onto other foods.
6. Almost everything you buy in a supermarket was stored in a warehouse at one time or another and the stores themselves often have rodents. Most of us remember to wash vegetables and fruits but never think of boxes and cans. ALWAYS be sure to carefully rinse off the tops of canned soda or foods and to wipe off pasta packaging, cereal boxes, etc.

B. MAINTAIN PROPER FOOD TEMPERATURE

THE DANGER ZONE for bacteria to grow is 40 degrees F to 140 degrees F. Room temperature is within THE DANGER ZONE. To help maintain safe food temperatures:

1. When shopping, buy cold food last. Take it straight home and refrigerate it immediately. Never leave food in a hot vehicle. Place cold or frozen foods in an insulated container. [Get perishable foods into the fridge or freezer within two (2) hours of purchase. In the summer months, cut this time down to under one (1) hour (from the time it leaves refrigerated/freezer area of store to home refrigerator/freezer)].
2. Check the temperatures of the refrigerator and freezer daily to ensure foods are cold enough:
 - 32-40 degrees F for a refrigerator
 - below 0 degrees F for a freezer.

Document on [BD F-014](#) – Refrigerator/Freezer Temperature Log.

3. Thaw foods in the refrigerator or in the microwave (using microwave-safe containers) just before preparation. Do not thaw foods on the kitchen counter or in the sink. The thawing process usually takes 24-48 hours or longer in the refrigerator.
4. Prepare foods as close to mealtime as possible.
5. Cook foods thoroughly to kill harmful bacteria. Use a thermometer to check temperatures before serving the food.
6. If necessary, hold food above 140 degrees F until serving time by keeping it on low or warm setting on the stove or in a 250-degree oven.
7. Portion food just prior to service. Serve within 15 minutes.
8. Return extra portions of hot food to a source of heat until the meal is over.
9. Store leftovers within two (2) hours [one (1) hour if hot/summer]
10. Divide leftovers into several clean, shallow containers; this will allow them to chill faster.
11. Cover, label and date all prepared food and leftovers and refrigerate immediately. If not used within 48 hours they should be discarded.
12. Pack your refrigerator with care. To properly chill food (and slow bacteria growth), cold air must be allowed to circulate in your refrigerator. For this reason, it is important not to over-stuff your refrigerator.
13. Keep cold foods refrigerated at 32-40 degrees F or lower until just prior to the meal. Once food is portioned, return extra food to the refrigerator.
14. During a Power Failure:
 - a. The refrigerator section will usually keep food at a safe temperature for 4-6 hours. **Avoid opening the door.**
 - b. A full, well-functioning freezer should keep food frozen for 2 days. A half full freezer unit should keep things frozen about 1 day.

- c. When Power Has Returned:
 - Discard any thawed food that has risen to a temperature above 40 degrees F and anything with a strange color or odor.
 - Foods still containing ice crystals can be re-frozen.
 - Foods that have thawed, but remain below 40 degrees F, should be cooked and eaten within 24 hours.
15. Pantry and Cupboard Storage:
 - a. Wash tops of any canned foods with running water and soap.
 - b. Avoid storing dry goods over the range, near the dishwasher, by the refrigerator, and in other areas of high humidity/temperatures. These factors increase the rate of food spoilage.
 - c. Store opened packages (cereals, pasta, crackers) in tightly closed containers or plastic bags to prevent insect infestation. Write the date when package was opened
 - d. Rotate oldest packages in front; place newest in back.
 - e. Inspect canned foods periodically for signs of spoilage such as rust or bulges. Throw any dented or leaky cans away. **DO NOT TASTE THE FOOD IF SPOILAGE IS SUSPECTED!**
 - f. Food should be stored at least 2” off the floor and 18” from the ceiling.
16. Kitchen Cleanup:
 - a. Use chlorinated automatic dishwasher detergent at the dishwasher’s hottest water wash cycle and the heated drying cycle.
 - b. If automatic dishwasher is not available be sure to immerse washed dishes in a sanitizing solution of 1 and ½ tsp. bleach for each gallon of water at 75-110 degrees F. for at least 1 minute. Do not rinse, allow to air dry.
 - c. To clean counters and tables:
 - i. Clean surfaces using warm water and liquid dish detergent and a clean dishcloth.
 - ii. Rinse soap residue off with clear water.
 - iii. Spray or wipe with a chlorine bleach and water solution or an approved commercial disinfectant/sanitizing spray:
 - 1/2 Tablespoon bleach in 2 quarts of water
 - 1 Tablespoon bleach in 1 gallon of water
 - iv. Allow surfaces to air dry.
 - v. Make fresh bleach and water solution daily
17. Garbage and Trash should be kept in a covered leak proof non-absorbent container. It should be removed from the kitchen daily.
18. Cleaning schedules and accepted cleaning supplies should be made available to staff.

•8.3 CLARIFICATIONS:

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL

None

•8.4 CROSS-/REFERENCES:

None

•8.5 FORMS AND EXHIBITS:

[Exhibit 14 – BD F-014 Refrigerator/Freezer Temperature Log](#)

[Exhibit 17 – Clean-Separate-Cook-Chill Guidelines \[website](#)

<http://www.foodsafety.gov/keep/basics/index.html>

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL

Administrative Approval of Procedure:

Dated:

[signed by Cathy Meske]

July 10, 2018

•9 PROCEDURE:

Infection Control Logs

•9•1 APPLICATION:

Group Home Staff

•9•2 OUTLINE/NARRATIVE:

This form is necessary in monitoring illnesses and infections that could in any way affect the health and welfare of this agency's staff and individuals served. Consistent with this policy's goal of providing for a sanitary environment in an effort to avoid sources and transmission of infection, the objective of this procedure is to affect that control via reporting and surveillance of communicable diseases among employees and residents. Note also the "Clarification/Definitions" section which follows the "Narrative".

Employees should be aware of and alerted to signs and symptoms of infectious and communicable disease. Suspected illness should be brought to the attention of the employee's primary care physician by the employee. Infectious diseases are to be recorded on the Employee Infection Control Report [BDF-050](#). They include but are not limited to those on the attached list of reportable diseases.

Precautionary measures may be established early in a disease course before therapy has begun or diagnosis is confirmed.

The employee will arrange with his/her primary care physician for evaluation and prompt treatment of suspected infection. {Note: The primary care physician is responsible for notifying the local health office of those infectious diseases reportable by local public laws.}

The Infection Control Nurse will be responsible for oversight of monitoring infectious diseases at Group Home sites and will compile data monthly and present quarterly reports to the Safety Committee for review and recommendations as needed.

The Infection Control Nurse will...:

- Review the Infection Control Log in agency run AFC homes monthly and observe for patterns of breach of infection control procedures {i.e., recurring infections};
- Note in the Infection Summary Report evaluation and/or assessment of data and recommendation {e.g., in-service training for hand washing techniques, principles of cross-contamination, medical procedure guidelines};

- Recommend in-service training to home staff on identified problem areas and Home Supervisor to document in-service training in the Group Home In-service Log.
- Safety Committee will review Infection Control goal annually and as needed.

Because reporting these illnesses are sometimes forgotten by the employee each home should develop a system to remind them.

Suggestions: a form placed in their mailbox with symptoms or absent from work or a note placed in home log.

Each employee will be responsible for completing his/her own Employee Infection Control Report (BD F-050). **This report is required whenever employees experience symptoms of any potential infectious disease and whether or not the employee is working or is absent from work.**

Entries into the Individuals Served Infection Control Log ([BD F-029](#)) for residential individuals shall be made by designated site/program supervisors or by designated staff (usually Nurse Consultant assigned to that home).

A copy of both of these reports ([BD F-050](#) and [BD F-029](#)) should be kept on site of residence or employment. The original forms will be forwarded to the Infection Control Nurse no later than the end of the first week of the next month in which the person served or employee was ill.

All supervisors or their designees are to ask any employee that is working with an infectious/contagious disease to leave the work site.

•9.3 DEFINITIONS & CLARIFICATIONS:

Contamination: The presence of an infectious agent on a body surface, clothing, bedding or other inanimate articles or substances.

Transmission: Any mechanism by which an infectious agent is spread from a source or reservoir to a person.

Infectious agent: An organism (virus, bacteria, fungus, etc.) which is capable of producing infection or infectious disease.

Communicable disease: An illness due to a specific infectious agent, which arises through transmission of that agent from an infected person to a susceptible host.

Surveillance of disease: The continuing scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

•9.4 CROSS-/REFERENCES:

None.

•9.5 FORMS AND EXHIBITS:

[Exhibit 6 -- Employee Infection Control Report \(Form BDF-050\)](#)

[Exhibit 7 -- Infection Control Log \(Form BDF-029\)](#)

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

[Exhibit 8 -- Infection Control Log Overview](#)

[Exhibit 9 -- Administrative Guidelines for Staff Infection Control](#)

[Exhibit 10 -- Reportable Diseases List](#)

N O R T H E A S T M I C H I G A N
COMMUNITY MENTAL HEALTH AUTHORITY
Risk Category Classification

POSITION	Category A	Category B
ABA PROGRAM	√	
ADULT OUTPATIENT	√	
ASSERTIVE COMMUNITY TREATMENT	√	
CASE MANAGEMENT	√	
CLINICAL SUPPORT	√	
CLUBHOUSE	√	
COMMUNITY SUPPORT SERVICES	√	
FACILITY & FLEET SUPERVISOR	√	
GERIATRIC/OBRA SERVICES	√	
GROUP HOME SETTINGS	√	
HOME BASED CHILDREN SERVICES	√	
HOSPITAL DISCHARGE	√	
HOUSEKEEPING STAFF	√	
INTEGRATED EMPLOYMENT	√	
MAINTENANCE STAFF	√	
MONDAY NIGHT ACTIVITIES	√	
PEER SUPPORT SERVICES	√	
PSYCHIATRY & NURSING SUPPORT	√	
RECIPIENT RIGHTS	√	
SELF-DETERMINATION SERVICES	√	
SIP RESIDENTIAL	√	
SIP TECHNICIANS	√	
SIS ASSESSOR	√	
ACCOUNTING DEPARTMENT		√
ADMINISTRATIVE/EXECUTIVE ASSISTANT		√
CHIEF OPERATING OFFICER		√
COMPLIANCE/QUALITY IMPROVEMENT		√
DIRECTOR		√
FINANCE		√
HUMAN RESOURCES		√
IS DEPARTMENT		√
OFFICE/CLERICAL STAFF		√
PAYROLL		√
REIMBURSEMENT DEPARTMENT		√
TRAINING		√

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH

Hepatitis B Vaccination or Declination Statement (Page 1 of 2)

Option 1

I understand that due to my occupation exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination will be offered free of charge.

I intend to complete the vaccination series outlined in Option 1.

Date _____ Employee Signature _____

Employees are eligible to have a post titer test within 60 days of completing the Hepatitis B vaccine series. Upon completion of the series it is the employee's responsibility to contact the Human Resources office so that arrangements may be made for a post titer test. The employer is not required to offer a post titer test after 60 days of completing the Hepatitis B vaccine series.

Option 2

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

I decline the vaccination series at this time. (Option 2)

Date _____ Employee Signature _____

Protect yourself from getting viral hepatitis:

- boil or cook your food and water (if you travel to countries where HAV is common)
- wash your hands before handling food
- wash your hands after using the restroom and after diaper changing
- avoid blood and body fluids
- practice safe sex
- avoid sharing needles to shoot drugs or other drug equipment
- avoid sharing any other items that may have blood on them

Get the hepatitis A and hepatitis B vaccine

- if you are at risk of getting hepatitis
- as part of routine vaccines
- to be safe from getting HAV or HBV

Talk to your doctor or nurse about getting the hepatitis A and B vaccine



For more information

Call your health care provider, your local health department or 1-888-76-SHOTS

Websites

- www.cdc.gov/hepatitis
- www.hbvadvocate.org
- www.hcvadvocate.org

Michigan Department
of Community Health

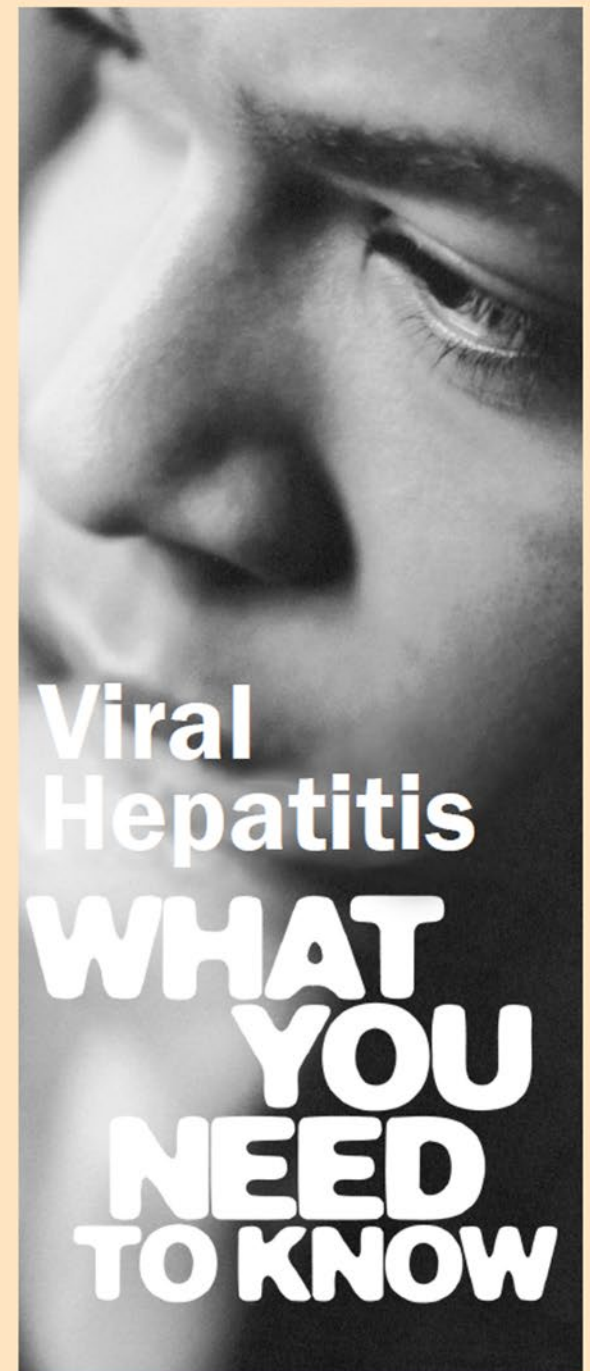


Rick Snyder, Governor
Olga Dazzo, Director

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Viral Hepatitis

Is caused by a virus that infects the liver and can be spread to others. Hepatitis A, B and C are the most common types and can all lead to severe illness or even death.

People with signs of hepatitis may:

- feel tired all the time
- have a fever
- have aching muscles or joints
- have an upset stomach or throw up
- have stomach pain
- have diarrhea
- have jaundice (yellowing of the skin or eyes)
- have dark urine
- have light-colored stools
- not feel hungry

The only way for you to know if you have viral hepatitis A, B or C is to get a blood test. Talk to your doctor or nurse about what blood tests you need.



Hepatitis A Virus (HAV)

- Infects 22,000 people in U.S. each year
- May make you very sick, but most often goes away within three to six months without lasting liver damage

Hepatitis B Virus (HBV)

- Infects 38,000 people in U.S. each year
- 1.2 million people in U.S. have HBV and will have it for the rest of their lives

Hepatitis C Virus (HCV)

- Infects 18,000 people in U.S. each year
- 4 million people in U.S. have HCV and may not be aware of it
- Most people do not have signs of disease and may not have symptoms until 10 to 40 years after infection
- HCV can be treated and some will get rid of the virus

You may be at risk of getting:

HAV if you:

- eat food that has HAV in it
- travel to countries where food and water are not clean
- come in contact with fecal matter (stool) from a person with HAV
- have children who go to the same day care as someone who has HAV
- are in close contact with an adoptive child from a place where HAV is common
- use street drugs

HBV or HCV if you:

- come in contact with infected blood or body fluids
- share items that may have blood on them (toothbrushes, razors, nail clippers, ear piercing, body piercing or tattoo equipment)
- are born to a mother with the virus

HAV, HBV or HCV if you:

- live with someone who has the virus
- have high-risk sex with someone who has the virus
- share needles to shoot drugs or share "works"

You may have HCV from the past if you:

- received blood or organs before 1992
- received blood products before 1987
- shared needles to shoot drugs (even once) many years ago

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
BLOODBORNE PATHOGEN EXPOSURE REPORT (Page 1 of 2)

Employee Name _____ Soc. Security No. _____

Position _____ Exposure Date/Time _____

EXPOSURE TO: (circle those applicable)

- Blood Semen/Vaginal Fluid Wound Drainage
Body Fluid with visible blood (emesis, urine, menstrual blood, etc.) Saliva with unknown contamination with blood

TYPE OF EXPOSURE: (circle one)

- Needlestick/sharps accident Contact with mucus membrane (eye, mouth, nose)

Contact with non-intact skin (circle all that apply):

- broken chapped abraded dermatitis prolonged contact extensive contact

ACTIVITY LEADING TO EXPOSURE: (circle one)

- Giving Injection Recapping Needle Discarding Needles
Handling Sharps Box Controlling Bleeding Cleaning Blood/Body
Lancet Use Fluid Spills Menstrual Care

Other: (specify) _____

SEVERITY OF EXPOSURE:

How much fluid?: _____ How Long Was Exposure? _____

How severe was injury (if applicable): _____

Personal Protection Equipment (PPE) used: i.e. gloves, gowns, goggles, etc. _____

SOURCE OF EXPOSURE: (circle one) Consumer Visitor Staff Other: _____

Program Location of Exposure: _____

Source and/or Guardian Informed?: Yes No

Consent for HIV Testing Given?: Yes No Consent for HBV Testing?: Yes No

Source Name, if Consent Given: _____

Guardian Name, if Applicable: _____

Source Known to be HIV+?: Yes No Known HBsAG status?: Yes No

If Source HBsAG status known: HBsAG+ HBsAG-

Source Previously HIV/HBV Negative but with High Risk Behaviors?: Yes No

Source with History of Exposure to HBV/HIV?: Yes No

(page 1 to be completed prior to seeking medical treatment)

NeMCMHA BLOODBORNE PATHOGEN EXPOSURE REPORT (Page 2 of 2)

TO BE COMPLETED BY EMPLOYEE AND/OR SUPERVISOR

IMMEDIATE INTERVENTIONS:

Was area...: WASHED FLUSHED Solution Used: _____

Did Injury Bleed Freely? YES NO

Other First Aid: _____

Employees Hepatitis B Vaccination History: (number of doses and date) _____

Is anti-HBs status of employee known?: YES NO If yes: (circle one) anti-HBsAG+anti-HBsAG-

Does Employee Consent to Hepatitis-B Testing?: YES NO

Does Employee Consent to H.I.V. Testing?: YES NO

Employee Signature _____ **Date** _____

TO BE COMPLETED BY PHYSICIAN

FOLLOW-UP HEPATITIS B:

Is Hepatitis B vaccine indicated for this employee? YES NO

Did employee receive HBV vaccine or Booster if indicated? YES NO

Did employee receive HB immune globulin? YES NO

I have discussed possible medical conditions that may arise as a result of this exposure. The above named individual has been counseled to report any flu-like symptoms, fever, swollen glands or fatigue that occur within 6 months of this exposure.

Examining Physician Date

TO BE COMPLETED BY THE PHYSICIAN

FOLLOW-UP HIV:

HIV antibody test offered? YES NO

Follow-up HIV testing offered: 6 mos or at discretion of the physician per CDC guidelines.

Please state when post testing should be done _____

I have informed (employee name:) _____ of the results of my evaluation related to this exposure incident. I have discussed possible medical conditions that may arise as a result of this exposure to potentially infectious body fluids or materials and which may require further evaluation or medical treatment. The above named individual has been counseled to report any flu-like symptoms, fever, swollen glands or fatigue that occur within 6 months of this exposure.

Examining Physician Date

Employee Signature Date

Employee's Injury Report

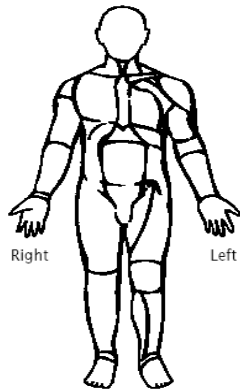
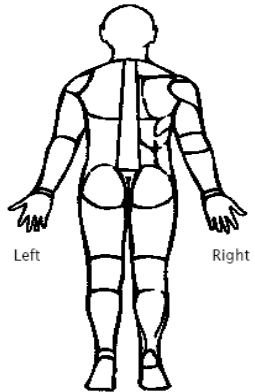
*** please print clearly ***

Company name:	Northeast Michigan Community Mental Health Authority
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PART 1 - INJURED EMPLOYEE

Last name:		First name:		Middle initial:	
Home address:				Date of Birth:	
City:		State:		ZipCode	
				Phone:	()

Date & Day of injury:		Time Started Work:	a.m.	p.m.	Time of injury:	a.m.	p.m.
Site/Where:		Location/Where:			Position:		

Employee's explanation for injury:	<i>Mark Areas of Injury Below</i>	
	<p>Front</p>  <p>Right Left</p>	<p>Back</p>  <p>Left Right</p>

Name(s) of witness(es) to injury:		Date & Time Report completed:	
Employee's signature:		Date:	

PART 2 - SUPERVISOR (OR PERSON CONDUCTING INVESTIGATION)

Name and Title:			
Cause:			
<input type="checkbox"/> Burn, Scald, Exposure, Contact Injury	<input type="checkbox"/> Fall, Slip or Trip	<input type="checkbox"/> Rubbed or Abraded By	<input type="checkbox"/> Striking Against or Stepping On
<input type="checkbox"/> Caught In, Under, or Between	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Strain or Injured By	<input type="checkbox"/> Struck or Injured By (Kick, Stabbed, Bit)
<input type="checkbox"/> Cut, Puncture, Scrape, Injured By	<input type="checkbox"/> Repetitive Motion Injury		
Type of Injury:			
<input type="checkbox"/> No apparent injury	<input type="checkbox"/> Contusion/Bruising	<input type="checkbox"/> Foreign Body (e.g., in eye, etc.)	<input type="checkbox"/> Puncture (e.g. needlestick)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Crushing	<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Sprain / Strain
<input type="checkbox"/> Burn	<input type="checkbox"/> Electrical Shock		<input type="checkbox"/> Other: _____
Was there a:		Findings/comments:	
<input type="checkbox"/> Safety Rule Violation (explain):			
<input type="checkbox"/> Other Violation (explain):			
<input type="checkbox"/> Equipment Malfunction (explain):			
<input type="checkbox"/> Motor Vehicle Accident			
Date-time supervisor notified:			

Employee referred to:	<input type="checkbox"/> Designated Medical Provider	<input type="checkbox"/> Hospital Emergency Room	<input type="checkbox"/> Declines Medical Care at this Time
	(specify):	(specify):	
Supervisor's signature		Date:	

Employee's Injury Report

SUPERVISOR'S INVESTIGATION

1. Was the individual you were serving's behavior a factor? If so, please list first name of individual receiving services and describe how it was a factor. Has appropriate individual/s been notified, i.e.: Recipient Rights Officer, Support Coordinator, etc.?

2. Who were the witnesses? Where were they when incident occurred? What did they say happened?

3. What was employee doing when injured?

4. Was proper equipment used, i.e.: hoyer, arjo, gait belt, etc.? If so, what equipment used, is it in good condition and last time employee training on equipment?

5. Were there any unsafe conditions, i.e.: wet floor, ice, etc.?

6. Were there any unsafe acts, i.e.: horseplay, did not use equipment, did not request help, rushing through job?

7. What can be done to prevent a similar incident? Has action been taken?

8. Is discipline/additional training recommended? If so, what type do you recommend?

9. Are there other concerns that you feel should be brought to attention, i.e.: employee seems weaker, employee tired a lot, employee having a lot of outside concerns that affect job, etc.?

10. Other comments:

Signature: _____ Date: _____

Employee's Injury Report

EMPLOYEE INJURY REPORTING CODES

Site Codes

100	Alpena Office
200	Hillman Office
300	Rogers City Office
400	Fletcher St Office
500	Individual's home (Indicate)
600	Community setting (Indicate)
818	Blue Horizons Home
810	Cambridge Home
811	Princeton Home
812	Walnut Home
813	Thunder Bay Home
814	Pine Park Home
815	Brege Home
816	Harrisville Home
817	Mill Creek Home

Position Codes

000	Administration
001	IS Department
002	Administrative Support
003	Human Resources
004	Maintenance
005	Crisis Response
006	Physicians/PAs/NPs/RNs(Office)
007	Substitute
008	Housekeeping
009	Case Management
010	Community Support
011	Assertive Community Treatment
012	Home Based Clinical (Child)
013	Home Based Assistant (Child)
014	Peer Directed Activities
015	Peer Support Staff
016	Employment Services
017	SIP Tech
018	SIP Workers
019	Residential Training Worker
020	Supervisors

Location Code

10	Kitchen
20	Bathroom
30	Bedroom
41	Entryway
42	Closet
50	Living Room
60	Dining Room
70	Garage
80	Storage Shed
90	Driveway
91	Sidewalk
92	Ramp
93	Parking lot
94	Other interior room (Indicate)
95	Other exterior location (Indicate)

Important Health Information Regarding HIV/AIDS and Consent for HIV Testing

What if I have more questions?

- Feel free to ask the health professional who gave you this booklet any questions that you might have.
- Call the Michigan statewide HIV/AIDS Information hotline (English 1-800-872-AIDS; Español 1-800-862-SIDA; TDD 1-800-332-0849).
- Visit the CDC's HIV/AIDS website for more information (<http://www.cdc.gov/hiv/>).

WHAT YOU NEED TO KNOW

About HIV Testing



MDCH is an equal opportunity employer, services and program provider.

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5/10

What is HIV and how is it spread?

HIV infection is a long-term illness that damages the body's immune system, or its ability to fight off diseases. HIV spreads through blood, semen, vaginal fluids, and breast milk. You can get or give HIV infection by:

- Having vaginal, anal, or oral sex without a condom.
- Sharing needles or works when injecting drugs.
- HIV can be passed from mother to child during pregnancy, birth or breastfeeding.
- You cannot get HIV by donating blood or through casual contact such as hugging or shaking hands.

What is AIDS?

- AIDS (Acquired Immunodeficiency Syndrome) is the stage of HIV infection when the body is weakened and less able to fight off germs.

What is an HIV test?

It is a simple test, done by taking blood or fluid from cells in the mouth, that shows if you have been infected with HIV (human immunodeficiency virus), the virus that causes AIDS.

Who should have an HIV test?

- The CDC (Centers for Disease Control and Prevention) recommends that everyone between the ages of 13 and 64 get tested for HIV.

- Whatever your age, you should have an HIV test if you are sexually active or have shared needles or works for injecting drugs.
- Women who are pregnant or considering pregnancy should also get an HIV test.

Can anyone make me take an HIV test?

Under Michigan law, unless you are ordered by a judge, or you are a prisoner entering into a state correctional facility, getting an HIV test is your decision. No one can test you without getting your consent.

Can I change my mind after I consent to the test?

- Yes, you can change your mind at any time before the lab runs the test.
- If you change your mind, you must give your health care provider a written request saying that you do not want your test to be run.

Can someone under age 18 take the test without their parents' consent?

- Yes. Minors, age 13 and older, have the right to take the test for HIV without their parents' knowledge or consent.

What is the difference between anonymous and confidential testing?

- **Anonymous HIV testing** means your name is not used and will not be on the test results. To get your test results, you will be given a code number.
- **Confidential HIV testing** means that your name will be used on your test results.
- If you get an anonymous HIV test, you will not receive a piece of paper with your name and your test results. If you need a copy of your HIV test results, you should take a confidential test.

In Michigan, you have the right to request an anonymous HIV test.

How is HIV testing done?

Typical HIV tests are done on blood or oral fluids. Specimens are sent to a lab and you get your results in about one week. When testing blood, a needle will be used to draw blood from a vein in your arm. When testing oral fluids, they are collected on a swab from your mouth.

Rapid test: Some clinics or testing sites offer rapid testing. This is a test done on a small amount of blood from the tip of your finger or from fluid in your mouth. You will get results in that same visit. If your result is reactive (shows possible signs of infection), you will need more testing.

How will this test help me?

- The test will tell you whether or not you have HIV. People can have HIV for years and not know it unless they get tested.
- If you are infected, it can help you get proper treatment and learn how to avoid spreading HIV to other people.
- If you are not infected, it can help you learn how to reduce your risk of getting HIV.

What does a negative (or "non-reactive") result mean?

- A negative result means you are not infected with HIV.
- OR you have been infected too recently for it to show up on the test.
- If you recently had sex without a condom or shared needles, you should get another test in about six weeks. This is because sometimes HIV tests cannot detect recent infection.

What does a positive result mean?

- A positive result means that you are living with HIV.
- You should see a doctor as soon as possible. The person who gave you your test results can help you find a doctor if you don't have one.
- If you have HIV, you can pass your infection to other people through sex, sharing needles, or through birth or breastfeeding if you are or will be a mother.

- You should use condoms every time you have sex, to prevent passing the infection to others. The person who gave you your test results can help you plan ways to keep from passing your infection on to others.

Who will know the results of my test?

In Michigan, all HIV test information is confidential, by law.

- This means that there are very strict rules about who is allowed to see that information.
- Health care workers that are involved in your care may see your test results.
- Health insurance companies, Medicare and Medicaid, if they are paying all or part of the cost of your health care, will also see your test results.
- All positive HIV tests are reported to the health department.
- If you have HIV, Michigan law requires that your doctor or someone from the local health department notify all of your known sexual and/or needle-sharing partners that they may have been exposed to HIV. They do this without using your name, or sharing any information about you.
- It is illegal to discriminate against people with HIV.

If I have HIV, will I definitely develop AIDS or get sick?

No. Today there are many treatments for HIV. These treatments can prevent serious illness, including AIDS. If you get care quickly, you have a good chance for a long and healthy life.

Whom should I tell if I have HIV?

- Current, past and future sexual and/or needle-sharing partners should be notified.
- Your local health department can also help to notify partners. They will do this without using your name or sharing any information about you. Your doctor, health care provider or counselor that performed the test can connect you with the local health department.

Michigan law requires you to tell any current or future sexual partner that you have HIV before having any kind of sex with them.

- The law also requires that your doctor or someone from the local health department talk to you about this.

CONSENT FORM FOR THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST

I have been informed that my blood or oral sample from my mouth will be tested for the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations, and the meaning of test results.

I have been informed that the HIV test results are confidential and shall not be released without my written permission, except to _____,* and as permitted under state law.

I understand that I have a right to have this test be done without the use of my name. If my private physician does not provide anonymous testing, I understand I may obtain anonymous testing at a Michigan Department of Community Health-approved HIV counseling and testing site.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given a copy of the booklet *Important Health Information*. I have been given the opportunity to ask questions concerning the test for HIV, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV.

Patient/Parent/Guardian Signature

Date

Witness

Date

AT THIS TIME, I DO NOT WANT TO BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS

Patient/Parent/Guardian Signature

Date

Witness

Date

***Please write in the physician or health facility name who will receive the HIV test results.**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH

ANNUAL TUBERCULOSIS EVALUATION

NAME: _____

CASE or EMPLOYEE NUMBER: _____

WORK or RESIDENTIAL SITE: _____

The purpose of this evaluation is to rule out whether or not you have Active Tuberculosis Disease[TB].

Date of positive PPD [skin test] _____ *Result _____ (mm)if known

Date of last known Chest X-ray: _____ Results _____

Previous treatment[if any]:(include dates treated)

Yes ____ No ____ If yes, please include what the treatment was and when it was received.

**Evaluation of any unexplained symptoms: (circle Yes or No)

Fatigue? Yes No

Persistent productive cough? Yes No

Weight loss? Yes No

Fever? Yes No

Recurrent night sweats? Yes No

**If answered yes to any one or more refer to physician so that it may be determined by the physician if a Chest X-ray is indicated.

Referred for follow-up evaluation? Yes No

If yes, where: Personal physician: _____

Local health department: _____

Other (specify): _____

Evaluator's Signature: _____ Date: _____

Must be a MD, RN, PA

Signature of person being evaluated: _____ Date: _____

[Send to Infection Control Nurse once completed]

**NORTHEAST MICHIGAN EMPLOYEE INFECTION CONTROL REPORT
CATEGORIZING SIGNS/SYMPTOMS**

This report is required whenever employees experience symptoms of any potential infectious disease. This report is required whether or not the employee is working or is absent from work.

Month/Year of Infection: _____

Work Location: _____ Date(s) Absent from Work: _____

Did you continue to work while experiencing these symptoms? Circle Yes or No

INFECTION CATEGORY/Select one main category, circle it and circle any symptoms that apply to you

MAIN DIAGNOSIS CATEGORY (circle one)

COVID-19

Seasonal Flu

Respiratory

Gastrointestinal

Genito-Urinary

Eyes, ears, nose, throat

Skin Infection

Doctor's Diagnosis (if any): _____

Each employee must fill out this report and return it to the Infection Control Nurse no later than the first week of the next month in which you were ill.

This form is necessary to monitor illness and infections that could in any way affect the health and welfare of others that are served or employed here. This is a requirement of the Safety Committee and also helps us to meet state requirements in monitoring infections and illnesses.

SYMPTOMS (circle all that apply)

1. Fever--oral 99° F., Rectal 100° F.
2. Nausea-with or without vomiting
3. Diarrhea (loose stools x 3)
4. Strong Urine odor
5. Blood and/or mucous in urine
6. Red skin-with or without drainage
7. Cough-productive or non-productive
8. Pain upon voiding
9. Abdominal pain
10. Back pain
11. Chest pain
12. Loss of energy, muscle aches
13. Positive Culture
14. Pus appearing in one or both eyes
15. Redness of the eye (with or without itching)
16. Nasal drainage
17. Sinus problems
18. Sore Throat
19. Sneezing
20. Difficulty Swallowing
21. Headache
22. Loss of taste or smell

INDIVIDUAL SERVED INFECTION CONTROL LOG OVERVIEW

The RN-Community Nurse will...:

- Review the Individuals Served Infection Control Log in residential settings on a monthly basis;
- Comment on infections listed on the Log or in the monthly review report (e.g., “Recurrent UTIs – Reviewed toileting hygiene”; “Reviewed hand washing to prevent spread of impetigo”; “No infections reported this month”);
- Sign monthly log and forward a copy to the Infection Control Nurse no later than the end of the second week of the following month in which the illness occurred, leaving the original Log in the home;
- Provide in-service training on infection control, as necessary.

The Infection Control Nurse will...

- Compare information about individuals served and employee illnesses reported during the month if infections are chronic or numerous or if a pattern is apparent;
- Review monthly data and prepare quarterly reports for Safety Committee review;
- Communicate with community or contract RN on infection control issues as needed; and
- Provide recommendations/assistance as necessary for preventing cross infections.

* * * * *

ADMINISTRATIVE GUIDELINES FOR STAFF INFECTION CONTROL

1. Employer performs periodic review or routine health screens of the health status of all employees according to licensure requirements.
2. Staff who exhibit signs and symptoms of an infection or a communicable disease should not be permitted to perform work duties which involve direct contact with individuals served by the Agency and their food.

Signs and symptoms could include...:

- Red or running eyes, sneezing or nasal drainage
- Persistent and/or productive cough
- Open sores on exposed skin areas
- Any skin rash or eruption
- Sore throat
- Swollen or tender glands of the neck or throat
- Fever
- Nausea and vomiting
- Pain and stiffness of the back and headache
- Jaundice (yellowing of eyes and/or skin)
- Diarrhea and/or persistent abdominal pain

3. Employer shall hold information on staff infections and communicable diseases in confidential medical personnel files. While maintaining confidentiality, this information may be shared with nursing staff on a “need-to-know” basis if an individual’s or employee’s health is affected.
4. Employer may have site-specific practices and corrective action plans involving staff infections and communicable diseases. Specific questions regarding appropriate precautions related to a staff or client illness may be directed to the employer’s area clinic, to the Nurse Consultant assigned to the site or to the Infection Control Nurse.

* * * * *

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Accute flaccid myelitis (1)	Listeriosis (<i>Listeria monocytogenes</i>) (5,6)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Lyme Disease (<i>Borrelia burgdorferi</i>)
Anthrax (<i>Bacillus anthracis</i> and <i>B. cereus</i> serovar anthracis) (4)	Malaria (<i>Plasmodium</i> species)
Arboviral encephalitides, neuro- and non-neuroinvasive:	Measles (Measles/Rubeola virus) (6)
Chikungunya, Eastern Equine , Jamestown Canyon, La Crosse,	Melioidosis (<i>Burkholderia pseudomallei</i>) (4)
Powassan, St. Louis, West Nile, Western Equine, Zika (6)	Meningitis: bacterial, viral, fungal, parasitic and amebic
Babesiosis (<i>Babesia microti</i>)	Meningococcal Disease, sterile sites (<i>Neisseria meningitidis</i>) (5)
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Multisystem Inflammatory Syndrome in Children (MIS-C) and in
Botulism (<i>Clostridium botulinum</i>) (4)	Adults (MIS-A)
Brucellosis (<i>Brucella</i> species) (4)	Mumps (Mumps virus)
Campylobacteriosis (<i>Campylobacter</i> species)	Orthopox viruses, including: Smallpox, Monkeypox (4)
Candidiasis (<i>Candida auris</i>) (4)	Pertussis (<i>Bordetella pertussis</i>)
Carbapenemase Producing – Carbapenem Resistant	Plague (<i>Yersinia pestis</i>) (4)
Enterobacteriaceae (CP-CRE): <i>Klebsiella</i> spp., <i>Enterobacter</i> spp., and	Polio (Poliovirus)
<i>Escherichia coli</i> (5)	Prion disease, including CJD
Chancroid (<i>Haemophilus ducreyi</i>)	Psittacosis (<i>Chlamydophila psittaci</i>)
Chickenpox / Varicella (<i>Varicella virus</i>) (6)	Q Fever (<i>Coxiella burnetii</i>) (4)
Chlamydial infections (including trachoma, genital infections,	Rabies (<i>Rabies virus</i>) (4)
LGV) (<i>Chlamydia trachomatis</i>) (3, 6)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Cholera (<i>Vibrio cholera</i>) (4)	Rubella (<i>Rubella virus</i>) (6)
Coccidioidomycosis (<i>Coccidioides immitis</i>)	Salmonellosis (<i>Salmonella</i> species) (5)
Cryptosporidiosis (<i>Cryptosporidium</i> species)	Shigellosis (<i>Shigella</i> species) (5)
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant	Spotted Fever (<i>Rickettsia</i> species)
identification (SARS , MERS-CoV, COVID-19) (5)	<i>Staphylococcus aureus</i> , vancomycin intermediate/
Cyclosporiasis (<i>Cyclospora</i> species)	resistant (VISA (5)/VISA (4))
Dengue Fever (Dengue virus)	<i>Streptococcus pneumoniae</i> , sterile sites
Diphtheria (<i>Corynebacterium diphtheriae</i>) (5)	<i>Streptococcus pyogenes</i> , group A, sterile sites, including
Ehrlichiosis (<i>Ehrlichia</i> species)	Streptococcal Toxic Shock Syndrome (STSS)
Encephalitis, viral or unspecified	Syphilis (<i>Treponema pallidum</i>) (6)
<i>Escherichia coli</i> , O157:H7 and all other Shiga toxin positive serotypes (5)	Tetanus (<i>Clostridium tetani</i>)
Giardiasis (<i>Giardia</i> species)	Toxic Shock Syndrome (non-streptococcal) (1)
Glanders (<i>Burkholderia mallei</i>) (4)	Trichinellosis (<i>Trichinella spiralis</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3, 6) (4, submit isolates from sterile	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex);
sites only)	report preliminary and final rapid test and culture results (4)
Guillain-Barre Syndrome (1)	Tularemia (<i>Francisella tularensis</i>) (4)
<i>Haemophilus influenzae</i> , sterile sites only- submit isolates for	Typhoid Fever (<i>Salmonella typhi</i>) an Paratyphoid Fever
serotyping for patients < 15 years of age (5)	(serotypes Paratyphi A, Paratyphi B (tartrate negative), and
Hantavirus	Paratyphi C) (5)
Hemolytic Uremic Syndrome (HUS)	Vibriosis (<i>Non-cholera</i> species) (5)
Hemorrhagic Fever Viruses (4)	Yellow Fever (Yellow Fever virus)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)	Yersiniosis (<i>Yersinia enterocolitica</i>)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV	
genotype; report all HBsAg and anti-HBs (positive, negative,	
indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative	
antibody, RNA, and genotype tests) (6)	
Histoplasmosis (<i>Histoplasma capsulatum</i>)	
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB,	
EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4	
counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Pediatric influenza mortality, report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis (<i>Legionella</i> species) (5)	
Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>)	
Leptospirosis (<i>Leptospira</i> species)	

LEGEND

- 1) Reporting within 3 days is required.
 - 2) Report HIV lab results to MDHHS electronically/by arrangement & case reports to MDSS or by MDHHS Form 1355..
 - 3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
 - 4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
 - 5) Isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory*: Submit specimens or isolate, if available.
 - 6) Report pregnancy status, if available.
- Blue Bold Text** = Category A bioterrorism or select agent, notify the MDHHS Laboratory immediately: (517 335-8063)

DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS

Exhibit 10

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health department.

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX	COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1896	Lake	District 10	Baldwin	231	745-4663	745-2501
Alger	LMAS DHD	Munising	906	387-2297	387-2224	Lapeer	Lapeer County	Lapeer	810	667-0448	667-0232
Allegan	Allegan County	Allegan	269	673-5411	673-2163	Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	882-0143
Alpena	District 4	Alpena	989	356-4507	356-3529	Lenawee	Lenawee County	Adrian	517	264-5243	264-0790
Antrim	Health Dept. of NW MI	Bellaire	800	432-4121	231-547-6238	Livingston	Livingston County	Howell	517	546-9850	545-9685
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431	Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Baraga	Western UP Dist	L'Anse	906	524-6142	524-6144	Mackinac	LMAS DHD	St. Ignace	906	643-1100	643-0239
Barry	Barry-Eaton DHD	Hastings	517	541-2641	517-541-2666	Macomb	Macomb County	Mt. Clemens	586	783-8190	493-0075
Bay	Bay County	Bay City	989	895-2039	895-2083	Manistee	District 10	Manistee	231	723-3595	723-0150
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-0143	Marquette	Marquette County	Negaunee	906	475-7844	475-4435
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129	Mason	District 10	Ludington	231	845-7381	845-9374
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561x0105	278-2923	Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488	Menominee	Delta-Men Dist	Menominee	906	863-4451	863-7142
Cass	Van Buren-Cass DHD	Dowagiac	269	782-0064	782-0121	Midland	Midland County	Midland	989	832-6666	837-6524
Charlevoix	Health Dept. of NW MI	Charlevoix	800	432-4121	231-547-6238	Missaukee	District 10	Lake City	231	839-7167	839-7908
Cheboygan	District 4	Cheboygan	231	627-8850	627-9466	Monroe	Monroe County	Monroe	734	240-7832	240-7841
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081	Montcalm	Mid-MI DHD	Stanton	989	831-3615	831-3666
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449	Montmorency	District 4	Atlanta	989	785-4428	734-3866
Clinton	Mid-MI DHD	St. Johns	989	227-3111	227-3126	Muskegon	Muskegon County	Muskegon	231	724-1287	724-1325
Crawford	District 10	Grayling	989	348-7800	348-5346	Newaygo	District 10	White Cloud	231	689-7300	689-5295
Delta	Delta-Men Dist	Escanaba	906	786-4111	789-8148	Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Dickinson	Dick-Iron Dist	Kingsford	906	774-1868	779-7232	Oceana	District 10	Hart	231	873-2193	873-4366
Eaton	Barry-Eaton DHD	Charlotte	517	541-2641	541-2666	Ogemaw	District 2	West Branch	989	345-5020	343-1896
Emmet	Health Dept. of NW MI	Petoskey	800	432-4121	231-547-6238	Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Genesee	Genesee County	Flint	810	257-1017	257-3247	Osceola	Cent MI DHD	Reed City	231	832-5532	832-1020
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-6952	Oscoda	District 2	Mio	989	826-3970	343-1896
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020	Otsego	Health Dept. of NW MI	Gaylord	800	432-4121	231-547-6238
Gd. Traverse	Grand Traverse Co	Traverse City	231	995-6125	995-6126	Ottawa	Ottawa County	Holland	616	396-5266	393-5767
Gratiot	Mid-MI DHD	Ithaca	989	875-1019	875-1032	Presque Isle	District 4	Rogers City	989	734-4723	785-2217
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x0307	437-0166	Roscommon	Cent MI DHD	Prudenville	989	366-9166	366-8921
Houghton	Western UP Dist	Hancock	906	482-7382	482-9410	Saginaw	Saginaw County	Saginaw	989	758-3887	758-3888
Huron	Huron County	Bad Axe	989	269-9721	269-4181	St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
Ingham	Ingham County	Lansing	517	887-4308	887-4379	St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x0241	273-2452
Ionia	Ionia County	Ionia	616	527-5341	527-8208	Sanilac	Sanilac County	Sandusky	810	648-4098x162	648-5276
Iosco	District 2	Tawas City	989	362-6183	343-1896	Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Iron	Dick-Iron Dist	Iron River	906	265-9913	265-4174	Shiawassee	Shiawassee County	Corunna	989	743-2355	743-2362
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319	Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Jackson	Jackson County	Jackson	517	768-1662	788-4256	Van Buren	Van Buren-Cass DHD	Hartford	269	621-3143	621-2725
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5044	373-5060	Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6706
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805	Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Kent	Kent County	Grand Rapids	616	632-7228	632-7085	Detroit	Detroit City	Detroit	313	876-4000	877-9286
Keweenaw	Western UP Dist	Hancock	906	482-7382	482-9410	Wexford	District 10	Cadillac	231	775-9942	775-4127

STATE OF MICHIGAN CONTACTS

Immunization Division
Ph: 517-335-8159
Fax: 517-335-9855

Communicable Disease Division
Ph: 517-335-8165
Fax: 517-335-8263

Bureau of Laboratories
Ph: 517-335-8063
Fax: 517-335-9631

STATE OF MICHIGAN COMMUNICABLE DISEASE AFTER HOURS CONTACT: (517) 335-9030

Known or Suspected Occupational Disease Report

(Information will be held confidential as prescribed in Public Act 368 of 1978.)

EMPLOYEE AFFECTED

Name (Last, First, Middle)	Age	Sex M F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
Street	City	State	Zip
Home Phone Number	Last Four Digits of Social Security Number (Optional)		

CURRENT EMPLOYER

Current Employer Name	Worksite County
Worksite Address	City State Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)
Number of Employees <input type="radio"/> <25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> >500	
Employee's Work Unit/Department	Dates of Employment From: To: Mo Day Year Mo Day Year
Employee's Job Title or Description of Work	

ILLNESS INFORMATION

Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)	Date of Diagnosis Mo Day Year
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease	

ADDITIONAL COMMENTS

REPORT SUBMITTED BY

If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know			
Physician's Name	Phone		
Office Address	City	State	Zip
Name of Person Submitting Report	Physician <input type="radio"/> Non-Physician <input type="radio"/>		
Address	City	State	Zip
Signature	Phone	Date	

The Michigan Department of Licensing Regulatory Affairs is an equal opportunity, affirmative action employer, service provider and buyer.

Return completed form to:

Michigan Department of Licensing and Regulatory Affairs (LARA)
Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD)
530 W. Allegan Street, P.O. Box 30649, Lansing, MI 48909-8149
Overnight Mail Address: 525 W. Allegan Street, Lansing, MI 48933

BACKGROUND AND INSTRUCTIONS FOR COMPLETING KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Licensing and Regulatory Affairs within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Licensing and Regulatory Affairs in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Licensing and Regulatory Affairs at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

Instructions for completing report:

General:

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

Employers:

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Licensing and Regulatory Affairs.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

Physician, hospital or clinic:

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Licensing and Regulatory Affairs. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Licensing and Regulatory Affairs.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Licensing and Regulatory Affairs within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements for notification of fatalities, one or more in-patient hospitalizations, amputations, or loss of an eye, and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

Michigan Department of Licensing and Regulatory Affairs (LARA)
Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD)
530 W. Allegan Street, P.O. Box 30649, Lansing, Michigan 48909-8149
Overnight Mail Address: 525 W. Allegan Street, Lansing, MI 48933
517-284-7790

MIOSHA-MTSD-51 (04/16) Back

**SHARPS INJURY AND NEEDLESTICK PREVENTION:
USE OF SAFER DEVICES, ENGINEERING CONTROLS AND
WORK PRACTICE CONTROLS**

The device is needleless:	Yes	No
The safety feature is an integral part of the device	Yes	No
The device preferable works passively (i.e., it requires no activation by the user.) If user activation is necessary, the safety feature can be engaged with a single handed technique and allows the worker's hands to remain behind the exposed sharp.	Yes	No
The user can easily tell whether the safety feature is activated	Yes	No
The safety feature cannot be deactivated and remains protective through disposal	Yes	No
The device performs reliably	Yes	No
The device is easy to use and practical	Yes	No
The device is safe and effective for patient care	Yes	No

Identify and remove needles that do not meet safety criteria. Explain failure of device:

Infection control nurse recommendations, course of action and date.

Name of staff reviewing needle safety: _____ Date: _____

Infection Control Nurse review name and date: _____

Northeast Michigan Community Mental Health Authority

REFRIGERATOR/FREEZER TEMPERATURE RECORD

ACCEPTABLE TEMPERATURE RANGES

- FREEZER (0° to -10°)
- REFRIGERATOR (35°to 40°)

***Staff is to record the temperature reading below. If the temp falls out of the acceptable range staff are to recheck in one hour. If still outside of acceptable range document on the bottom of this form what was done to correct the problem and sign your name.**

SITE:						MONTH:						YEAR:					
UNIT # & TYPE			UNIT # & TYPE			UNIT # & TYPE			UNIT # & TYPE			UNIT # & TYPE			UNIT # & TYPE		
DATE	TEMP.	staff	DATE	TEMP.	staff	DATE	TEMP.	staff	DATE	TEMP.	staff	DATE	TEMP.	staff	DATE	TEMP.	staff
1			1			1			1			1			1		
2			2			2			2			2			2		
3			3			3			3			3			3		
4			4			4			4			4			4		
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28			28			28			28			28			28		
29			29			29			29			29			29		
30			30			30			30			30			30		
31			31			31			31			31			31		

- UNUSUAL TEMP. _____
- UNUSUAL TEMP. _____
- UNUSUAL TEMP. _____
- UNUSUAL TEMP. _____

R 325.70013 Vaccinations and postexposure follow-up.

Rule 13. (1) An employer shall assure that all medical evaluations and procedures are performed by or under the supervision of a licensed physician or other licensed health care professional and that all laboratory tests are conducted by an accredited laboratory.

(2) An employer shall assure that all evaluations, procedures, vaccinations, and postexposure prophylaxes are provided without cost to the employee, at a reasonable time and place, and according to current recommendations of the United States public health service, unless in conflict with provisions of this rule.

(3) An employer shall assure that all employees will receive appropriate counseling with regard to medical risks and benefits before undergoing any evaluations, procedures, vaccinations, or postexposure prophylaxes.

(4) Within 10 working days of the time of initial assignment and after the employee has received training required by the provisions of R 325.70016(5)(i), an employer shall make all of the following available to each category A employee:

- (a) A hepatitis B vaccination. If an employee initially declines vaccination, but at a later date, while still covered under these rules, decides to accept the HBV vaccine, the employer shall provide the vaccine at that time. If a booster dose or doses are recommended by the United States public health service at a future date, the booster dose or doses shall be made available.
- (b) HBV antibody testing for employees who desire such testing before deciding whether or not to receive HBV vaccination. If an employee has previously received the complete HBV vaccination series, is found to be immune to HBV by virtue of adequate antibody titer, or the vaccine is contraindicated for medical reasons, then the employer is not required to offer the HBV vaccine to that employee.
- (c) An employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- (d) An employer shall assure that an employee who declines to accept hepatitis B vaccination signs a waiver statement with all of the following provisions:
 - i. Understanding of risk.
 - ii. Acknowledgment of opportunity of vaccination at no cost.
 - iii. Declining vaccination.
 - iv. Future availability of vaccination at no cost if desired, if still in a risk status. (See appendix B for a sample of an acceptable waiver statement.) (Note: this is not included with NeMCMHA exhibit)

(5) An employer shall provide each exposed employee with an opportunity to have a confidential medical evaluation and follow-up subsequent to a reported occupational exposure incident to blood or other potentially infectious material. The evaluation and follow-up shall include, at a minimum, all of the following elements:

- (a) Documentation of the route or routes of exposure and the circumstances under which the exposure incident occurred.
- (b) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, shall include all of the following:
 - i. The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. If the source individual's consent is not required by law, his or her blood, if available, shall be tested and the results documented.
 - ii. If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
 - iii. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- (c) Collection and testing of blood or HBV and HIV seriological status shall include both of the following:
 - i. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - ii. If the exposed employee consents to baseline blood collection, but not to HIV testing at that time, the sample shall be preserved for not less than 90 days. If within 90

days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- (d) Postexposure prophylaxis, when medically indicated, as recommended by the United States public health service.
- (e) Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law.
- (f) Evaluation of reported illnesses.

(6) An employer shall ensure that the health care professional who is responsible for the hepatitis B Vaccination is provided with a copy of these rules and appendices. An employer shall ensure that the health care professional who evaluates an employee after an exposure incident is provided with all of the following information:

- (a) A description of the affected employee's duties as they relate to the employee's exposure incident.
- (b) Documentation of the route or routes of exposure and the circumstances under which exposure occurred.
- (c) Results of the source individual's blood testing, if available.
- (d) All medical records which are relevant to the appropriate treatment of the employee, including vaccination status, and which are the employer's responsibility to maintain.
- (e) A description of any personal protective equipment used or to be used.

(7) For each evaluation pursuant to the provisions of this rule, an employer shall obtain, and provide an employee with a copy of, the evaluating health care professional's written opinion within 15 working days of the completion of the evaluation. The written opinion shall be limited to the following information:

- (a) The health care professional's recommended limitations upon the employee's use of personal protective clothing or equipment.
- (b) Whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
- (c) A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation or treatment. The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.

(8) Medical records that are required by these rules shall be maintained in accordance with the provisions of § 325.70015.

Understanding foodborne illness

One in six Americans will get sick from food poisoning this year. That's about 48 million people. Most of them will recover without any lasting effects from their illness. For some, however, the effects can be devastating and even deadly. Those people include pregnant women, frail and elderly, and those with chronic medical conditions.

Four simple steps to avoid food poisoning:



1. Clean

Wash hands and surfaces often

Illness-causing bacteria can survive in many places around your kitchen, including your hands, utensils and cutting boards. Unless you wash your hands, utensils, and surfaces the *right* way, you could spread bacteria to your food and your family.

- A. **Wash hands the right way – for 20 seconds with soap and running water.** Washing your hands the right way can stop the spread of illness-causing bacteria.
- B. **Wash surfaces and utensils after each use.** Bacteria can be spread throughout the kitchen and get onto cutting boards, utensils and counter tops.
- C. **Wash fruits and veggies—but not meat, poultry or eggs!** Did you know that—even if you plan to peel fruits and veggies—it's important to wash them first because bacteria can spread from the outside to the inside as you cut or peel them?

2. Separate

Don't cross-contaminate

Even after you've cleaned your hands and surfaces thoroughly, raw meat, poultry, seafood and eggs can still spread illness-causing bacteria to ready-to-eat foods—unless you keep them separate. But which foods need to be kept separate and how?

Follow these top tips to keep consumers safe

- A. **Use separate cutting boards and plates for produce and for meat, poultry, seafood and eggs.** Placing ready-to-eat food on a surface that held raw meat, poultry, seafood or eggs can spread bacteria and make you sick. But stopping cross-contamination is simple.
- B. **Keep meat, poultry, seafood and eggs separate from all other foods at the grocery.** Make sure you aren't contaminating foods in your grocery bag by:
 - Do not purchase any product that is past its expiration date, especially such foods as meats, milk and yogurt.

- Place packaged raw meats in a plastic bag to prevent juice from dripping on other foods. Keep raw meats away from ready-to-eat foods, such as fruits and vegetables.
- Buy hot foods, cold meats, refrigerated and frozen foods just before heading to the checkout line. Keep the hot foods away from the cold foods.
- If you are going to save leftovers from prepared or take-out food, refrigerate them immediately. If soups or chili are purchased hot, eat them right away or refrigerate within two hours of purchase (one hour if the air temperature is above 90° F).

C. Keep meat, poultry, seafood and eggs separate from all other foods in the fridge.

3. Cook

Cook to the right temperature

Did you know that the bacteria that cause food poisoning multiply quickest in the "Danger Zone" between 40° and 140° Fahrenheit? Bacteria can spread inside your refrigerator if the juices of raw meat, poultry, seafood and eggs drip onto ready-to-eat foods. But stopping this contamination is simple... And while many people think they can tell when food is "done" simply by checking its color and texture, there is no way to be sure it is safe without following a few important but simple steps.

Follow these top tips to keep individuals safe

- A. Use a food thermometer.** Cooked food is safe only after it is been heated to a high enough temperature to kill harmful bacteria. Color and texture alone will not tell you whether your food is done. Instead, use a food thermometer to be sure.

When you think your food is done, place the food thermometer in the thickest part of the food, making sure not to touch bone, fat or gristle.

- i. Use thermometer to reach the following temperatures when cooking:**

Rolling Boil	165° F for 15 seconds	160° F for 15 seconds	145° F
Soups	Casseroles	Ground meat	Pork
Stews	Poultry		Fish
Gravies	Leftovers		Roasts

- B. Keep food hot after cooking (at 140° F or above).** The possibility of bacterial growth actually increases as food cools after cooking because the drop in temperature allows bacteria to thrive. But you can keep your food above the safe temperature of 140° F by using a heat source like a chafing dish, warming tray or slow cooker.

Holding temperature = Temperature at which warm foods are kept prior to serving. Warm foods are kept at 140 degrees or higher to prevent bacteria growth. Cold foods are kept under 40 degrees to prevent bacteria growth, which can lead to food poisoning.

Serving temperature = "Ready to eat" temperature of the food. Watch for signs of communication from person that indicate the temperature was unpleasant.

Food Thermometer Procedure – Remove thermometer from case and insert it into holder at the end of case. Place tip of the thermometer into the middle portion of the food, making sure tip does not touch plate or cup. Wipe thermometer between foods with a napkin. Sterilize and air dry before replacing it in case.

Avoid interrupted cooking – do not partially cook, then refrigerate, then finish cooking later. Avoid multiple trips through danger zone.

4. Chill

Refrigerate promptly

Illness-causing bacteria can grow in perishable foods within two hours unless you refrigerate them. (And if the temperature is 90° F or higher during the summer, cut that time down to one hour!) But by refrigerating foods promptly and properly, you can help keep consumers safe from food poisoning at home.

Follow these 3 top tips to keeps individuals safe

- A. **Refrigerate perishable foods within two hours.** Cold temperatures slow the growth of illness causing bacteria. It is important to chill food promptly and properly. Here is how:
- B. **Never thaw or marinate foods on the counter.** Many people are surprised at this tip. But since bacteria can multiply rapidly at room temperature, thawing or marinating foods on the counter is one of the riskiest things you can do when preparing food for your family.
- C. **Know when to throw food out.** You can NOT tell just by looking or smelling whether harmful bacteria has started growing in your leftovers or refrigerated foods. Be sure you throw food out before harmful bacteria grow (see following chart)

Storage Times for Food kept in the Refrigerator and Freezer

Category	Food	Refrigerator (<40° F)	Freezer (<0°)
Salads	Egg, chicken, ham, tuna, macaroni salad	3-5 days	Does not freeze well
Hot dogs	Opened package	1 week	1-2 months
Lunchmeats	Opened package or deli sliced	3-5 days	1-2 months
Ground meats	Sausage, raw	1-2 days	1-2 months
	Hamburger, raw	1-2 days	3-4 months
	Other ground meats, raw	1-2 days	3-4 months
Fresh beef, pork	Steaks	3-5 days	6-12 months
	Chops	3-5 days	4-6 months
	Roasts	3-5 days	4-12 months
Fresh poultry	Whole chicken or turkey	1-2 days	1 year
	Chicken or turkey pieces	1-2 days	9 months
Soups & stews	Vegetable or meat added	3-4 days	2-3 months
Leftovers	Cooked meat or poultry	3-4 days**	2-6 months
	Chicken nuggets or patties	2-4 days	2-8 months
	Pizza	3-4 days	1-2 months

****count from when meat was FIRST cooked**

Health Hints

TEXAS A&M
AGRI LIFE
EXTENSION

Caring for MRSA at Home

Preventing the spread of infection to your family

Taking necessary precautions at home is important to reduce the chances of spreading MRSA among family members. Washing your hands appropriately (see [How to Wash Hands](#)) and following the guidelines for prevention (see [What Can I Do?](#)) are important for personal care and the care of others. In the home, there are some specific precautions and special care requirements to be taken, including appropriately changing bandages or dressings, handling laundry, and overcoming house-cleaning concerns.

Bandages/Dressings If your provider instructs you to change bandages or other dressings, follow his/ her specific guidelines. Generally, changing dressings will require the following steps:



- 1 Wash hands with soap and water.
- 2 Put on disposable gloves.
- 3 Remove the old dressing.
- 4 Put the old dressing in a plastic bag.
- 5 Take off the gloves, and put them in the plastic bag, too.
- 6 Wash and dry your hands.
- 7 Put on a new, clean pair of disposable gloves.
- 8 Apply the new dressing. If sore is leaking, extra dressings will be required to keep the drainage from leaking out.
- 9 Take off the second pair of gloves and put them in the plastic bag. Seal or tie the bag, and throw it away in your regular trash.
- 10 Wash and dry your hands.¹

Laundry

MRSA can spread from dirty clothes and bedding. When doing laundry, you will want to follow some precautions:

- Change towels and linens daily.
- Have a separate, impervious laundry hamper (e.g., solid plastic container, NOT one with ventilation holes or made of canvas or wicker) for the family member with the MRSA infection.
- Handle laundry that comes in contact with the infection separately from other household laundry.
- When collecting dirty laundry, hold it away from your body to prevent getting bacteria on your clothes, preferably in a plastic bag or container.
- Wear disposable gloves to handle laundry that is soiled with body fluids, like drainage from a sore, urine, or feces.
- Put the laundry in the washer immediately, or store it in a plastic bag until it can be washed.
- Wash with hot water and regular detergent - use bleach when possible.
- Dry on the hot setting, and make sure clothes are completely dry.
- Wash hands after handling dirty laundry and before handling clean laundry, even if you have been wearing gloves.
- Throw gloves away after taking them off, and do not reuse them.^{1,2}



House Cleaning

MRSA can live on surfaces for days, weeks, or even months.¹ When cleaning your house:

- Pay special attention to items that are frequently touched B light switches, door knobs, phones, toilets, sinks, tubs, kitchen counters, cell phones, pagers, computer keyboards, etc.
- Wipe the surface or object with a disinfectant, and let it dry. Choose commercial, phenol-containing disinfecting product. The EPA provides a list of [EPA-registered products effective against MRSA](#). You can also use a mix of 1 tablespoon bleach to 1 quart of water (using a fresh mix each day you clean).
- Use a phenol-containing spray to disinfect any cloth or upholstered surface.
- Have a designated chair or area for sitting for the family member with the MRSA infection. Use a hard surface or an easily cleaned plastic cover for easy disinfection. No one else should sit there until the infection has healed.
- Clean utensils and dishes in the usual manner with soap and hot water or using a standard home dishwasher.^{1, 2}



Note: If body fluids or pus get onto surfaces, you need to follow these steps:

1. Put on disposable gloves.
2. Wipe up the fluids with a paper towel.
3. Throw the paper towel in a plastic bag-lined trashcan.
4. Clean the surface thoroughly with disinfectant and a paper towel.
5. Throw the paper towel in the plastic bag-lined trashcan.
6. Then wipe the surface again with disinfectant, and let it dry for at least 30 seconds.
7. Throw the paper towel in the plastic bag-lined trashcan.
8. Remove the gloves, and throw them in the trash.
9. Wash and dry your hands.¹



Sources:

1. GroupHealth Cooperative, Tacoma-Pierce County Health Department, & Washington State Department of Health (2006). Living with MRSA. Retrieved October 6, 2006 [on-line]. From <http://www.tpchd.org/files/library/3550750db4a81b14.pdf>.
2. Texas Department of State Health Services (2006). Information on staphylococcal infections – School athletic departments: Instructions for the athlete [on-line]. Retrieved October 5, 2006. From http://www.dshs.state.tx.us/idcu/health/antibiotic_resistance/mrsa/mrsa_athlete.pdf.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH **INCIDENT REPORT**

NAMEPLATE
INFORMATION ONLY

NAMEPLATE
INFORMATION ONLY

AGENCY INFORMATION			
Agency Name		Unit Name	
RECIPIENT INFORMATION			
Recipient Name	<input type="checkbox"/> Male	Case Number	
	<input type="checkbox"/> Female		
	Age	DOB	

INCIDENT INFORMATION		
When did you discover incident? (date and time) <input type="checkbox"/> AM <input type="checkbox"/> PM	When did incident happen? (date and time) <input type="checkbox"/> AM <input type="checkbox"/> PM	Where did incident happen?
Other Employees Involved and/or Present:		
Recipient(s) involved:		Other recipient(s) present:
Explain what happened:		
Action taken by staff:		
Reporting Person's Signature		Date and Time of Report: <input type="checkbox"/> AM <input type="checkbox"/> PM

THIS SECTION MUST BE COMPLETED BY PHYSICIAN OR R.N. WHEN PHYSICAL INJURY TO THE RECIPIENT IS APPARENT		
Description of injury:		
Description of treatment or care given:		
Date and time care given: <input type="checkbox"/> AM <input type="checkbox"/> PM	Extent of injury at time care given: <input type="checkbox"/> SERIOUS* <input type="checkbox"/> NON-SERIOUS	Physician/R.N Signature Date

***Serious physical harm means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.**

REPORTING INFORMATION		
If serious injury Director/Designee Notified: (date/time) <input type="checkbox"/> AM <input type="checkbox"/>	If serious injury Rights Advisor Notified: (date/time) <input type="checkbox"/> AM <input type="checkbox"/>	Notification made by (print name):

TO BE COMPLETED BY DESIGNATED SUPERVISOR	
1. Name of employee assigned to recipient at time of incident : _____	
2. Indicate program or administrative action taken, including disciplinary action, to remedy and/or prevent recurrence of incident:	
Designated Supervisor Signature	Date

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AMENDED HEPATITIS A (Hep A) PLAN (effective April 1, 2018)

Because of additional data requested by the State of Michigan, the total numbers of people screened using the Hep A Virus Screening Questionnaire and those who indicated yes on any of the survey questions will be reported to the state monthly. In order to provide the requested information NeMCMHA will be revising the Hep A Plan to include the following information.

Effective April 1, 2018:

- a) The CMHSP will continue to ensure information regarding Hepatitis A General Information is posted at all office sites.
- b) The CMHSP will continue to speak with Community Partners regarding the crisis surrounding Hep A at community meetings.
- c) The CMHSP will continue to coordinate with Community Partners regarding responses to local emergencies.
- d) Staff will continue to receive information on the Hep A Virus.
- e) The CMHSP has revised their original Hep A Screening Questionnaire to include those items as identified by MDHHS and referral information to the local District Health Departments or primary care providers.
- f) The new Hep A Screening Questionnaire will be provided to the local jails, homeless shelter and SUD center.
- g) To discover those high risk individuals for the preceding six months (October 1, 2017 through March 31, 2018) NeMCMHA will utilize the electronic health record. Staff assigned will meet individually with those identified to ensure the Hep A Virus Screening Questionnaire is completed and provide referral information.
- h) The revised expectations and the new Hep A Screening Questionnaire will be dispersed to NeMCMHA staff.
- i) The Hep A Screening Questionnaire will be provided along with the general Hep A informational sheet to all new individuals receiving services at intake.
- j) Annually staff will review the Hep A Screening Questionnaire with individuals during their annual assessment. This will ensure the NeMCMHA captures risks as life circumstances change.
- k) Results of completed Hep A Screening Questionnaires will be entered into an Excel spreadsheet by a designated staff.
- l) Risk areas will be documented in the case record and further referral information will be provided as needed.
- m) Monthly, NeMCMHA will complete and forward the MDHHS survey to MDHHS.
- n) This Amendment will be added to the Emergency Preparedness Plan/Program.
- o) The Hep A Plan will be reviewed at least annually by designated NeMCMHA staff.

Hepatitis A Virus (HAV) Screening Questionnaire

Date _____

Sex _____ Age _____

What is the present state of your general health? _____

Health screening questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you a person who is currently homeless or in transient living? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use injection or non-injection illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you work with persons who are homeless? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you work with persons who use injection or non-injection illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have close contact, care for or live with someone who has HAV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have sexual activities with someone who has HAV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a male who has sex with males? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you travelled to a country with high or medium rates of HAV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have chronic liver disease, such as cirrhosis, hepatitis B or C? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have clotting factor disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you concerned about HAV exposure and want to be immune? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been incarcerated at any time during the last 60 days? | <input type="checkbox"/> | <input type="checkbox"/> |

If answered Yes to any of the above questions:

You may want to consider receiving the Hepatitis A vaccine. Please contact your local District Health Department or your primary care physician to schedule an appointment for this vaccine.

District Health #4 and #2 Telephone numbers:

- Alpena Office: (989) 356-4507
- Alcona Office: (989) 724-6757
- Atlanta Office: (989) 785-4428
- Rogers City: (989) 734-4723

Individual will:

- | | Yes | No |
|----------------------------------|--------------------------|--------------------------|
| 1. Contact Health Department | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Contact Primary Care Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. NeMCMHA will assist | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Refused | <input type="checkbox"/> | <input type="checkbox"/> |

HEPATITIS A

General Information

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is Hepatitis A?

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.

Who is at risk?

Although anyone can get Hepatitis A, some people are at greater risk, such as those who:

- Travel to or live in countries where Hepatitis A is common
- Use recreational drugs, whether injected or not
- Have sexual contact with someone who has Hepatitis A
- Have clotting-factor disorders, such as hemophilia
- Are men who have sexual encounters with other men
- Are household members or caregivers of a person infected with Hepatitis A

How common is Hepatitis A?

Hepatitis A still occurs in the United States, although not as frequently as it once did. Over the last several decades, there has been more than a 90% decrease in Hepatitis A cases. New cases are now estimated to be around 3,000 each year. Many experts believe this decline is a result of the vaccination of children and people at risk for Hepatitis A. Many of the new cases, however, are from American travelers who got infected while traveling to parts of the world where Hepatitis A is common.



Hepatitis A can be prevented with a safe and effective vaccine.

How is Hepatitis A spread?

Hepatitis A is usually spread when a person ingests fecal matter—even in microscopic amounts—from contact with objects, food, or drinks contaminated by feces or stool from an infected person.

Hepatitis A can be spread when:

- An infected person does not wash his/her hands properly after going to the bathroom and then touches objects or food
- A caregiver does not properly wash his or her hands after changing diapers or cleaning up the stool of an infected person
- Someone engages in sexual activities with an infected person

Hepatitis A also can be spread through contaminated food or water. Contamination of food can happen at any point: growing, harvesting, processing, handling, and even after cooking. This most often occurs in countries where Hepatitis A is common.

Continued on next page



What are the symptoms of Hepatitis A?

Not everyone has symptoms. If symptoms develop they usually appear 2 to 6 weeks after infection and can include:

- Fever
- Vomiting
- Grey-colored stools
- Fatigue
- Abdominal pain
- Joint pain
- Loss of appetite
- Dark urine
- Jaundice

Symptoms are more likely to occur in adults than in children. They usually last less than 2 months, although some people can be ill for as long as 6 months.



People can spread Hepatitis A even if they don't look or feel sick. Many children and some adults have no symptoms.

How is Hepatitis A diagnosed and treated?

A doctor can determine if a person has Hepatitis A by discussing his or her symptoms and taking a blood sample. To treat Hepatitis A, doctors usually recommend rest, adequate nutrition, fluids, and medical monitoring. Some people will need to be hospitalized. It can take a few months before people begin to feel better.

How serious is Hepatitis A?

Most people who get Hepatitis A feel sick for several months, but they usually recover completely and do not have lasting liver damage. Sometimes Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in people older than 50 and people with other liver diseases.

Can Hepatitis A be prevented?

Yes. The best way to prevent Hepatitis A is by getting vaccinated. Experts recommend the vaccine for all children, and people with certain risk factors and medical conditions. The vaccine is also recommended for travelers to certain international countries, even if travel occurs for short times or on closed resorts. The Hepatitis A vaccine is safe and effective and given as 2 shots, 6 months apart. Both shots are needed for long-term protection. Ask if your health plan will cover travel related vaccines. You can get vaccinated at your doctor's office, as well as travel clinics and other locations. Lower cost vaccination may be available at certain pharmacies and your local health department.

Who should get vaccinated against Hepatitis A?

Vaccination is recommended for certain groups, including:

- All children at age 1 year
- Travelers to countries where Hepatitis A is common
- Family and caregivers of adoptees from countries where Hepatitis A is common
- Men who have sexual encounters with other men
- Users of recreational drugs, whether injected or not
- People with chronic or long-term liver disease, including Hepatitis B or Hepatitis C
- People with clotting-factor disorders

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis or www.cdc.gov/travel.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

PERSONNEL
(Manual Section)

LONGEVITY
(Subject)

Approval of Policy: ||

Dated:

Policy Inception Date:

July 13, 1995

Last Revision of Policy Approved:

[signed by Nena Sork]

November 8, 2021

•1 POLICY:

Eligibility for longevity payments is limited to full-time non-union employees.

LONGEVITY

After completion of at least six years of continuous full-time service (based on full-time seniority date) by October 1 of any year, eligible employees shall receive annual longevity payments as provided in the Longevity Compensation Plan, Schedule of Payments.

For the purpose of determining subsequent eligibility, employees must have been on the active payroll for a minimum of 26 weeks during the period October 1 through September 30.

Eligible employees who transfer from full-time to part-time and were on the payroll on October 1 shall receive a prorated payment based on the number of months the employment was full-time.

Payments to employees who become eligible by October 1 of any year shall be paid no later than the first paycheck issued in December, except that pro-rata payments in case of retirement or death shall be made as soon as possible. Employees receiving Workers Compensation or who are on Leave Without Pay status due to personal illness shall be eligible for Longevity providing they are not on Leave Without Pay for more than six (6) months.

The amount of the payment depends upon the employee's total years of service.

Seven longevity steps are provided for the employee after intervals of 6, 10, 14, 18, 22, 26, and 30 years of service.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

•2 APPLICATION:

Full-Time Non-Union Employees

•3 DEFINITIONS:

•4 CROSS-/REFERENCES:

Seniority Date - Policy 3240

Family and Medical Leave Act - Policy 3580

•5 FORMS AND EXHIBITS:

[Exhibit 1 - Longevity Compensation Plan - Schedule of Payments](#)

•6 PROCEDURE:

None

Northeast Michigan Community Mental Health Authority
 Longevity Compensation Plan
 Schedule of Payments

YEARS OF SERVICE AS OF 10/1		LONGEVITY PAYMENT
6 7 8 9	Annual Payment	\$250
10 11 12 13	Annual Payment	\$275
14 15 16 17	Annual Payment	\$350
18 19 20 21	Annual Payment	\$450
22 23 24 25	Annual Payment	\$575
26 27 28 29	Annual Payment	\$725
30 & Over	Annual Payment	\$950